

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33524**
Registrar's No. **8384**

FILED SEP 25 1952

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8384			
1. PLACE OF DEATH a. COUNTY St.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 7 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5603 a Michigan ave.				d. STREET ADDRESS (If rural, give location) 15 5602 a Michigan				8	
3. NAME OF DECEASED (Type or Print) a. (First) Matilda			b. (Middle) R.		c. (Last) VanRonzelen		4. DATE OF DEATH (Month) (Day) (Year) September 4, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 30, 1871		9. AGE (In years last birthday) 80 # UNDER 1 YEAR: Months _____ Days _____ # UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Fred Peters			13b. MOTHER'S MAIDEN NAME Barbara Rittel			14. NAME OF HUSBAND OR WIFE George			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adele McCoy 6401 Hoffman ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterum Cervix						16 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X					
22. I hereby certify that I attended the deceased from Oct 19, 1948 , to Apr 4, 1952 , that I last saw the deceased alive on 9/2, 1952 , and that death occurred at 4 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE J. Hester M.D.				23b. ADDRESS 5600 J. Compton		23c. DATE SIGNED 9/5/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 8, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Mt. Olive Road Lemay, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 5 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7814 S. Broadway			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry J. Schuman*

Licensed Embalmer No. *2679*

P. O. Address. *2814 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.