

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3252**

FILED JAN 28 1953

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **0595**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL, and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		c. LENGTH OF STAY (In this place) <b>68 days</b>	
d. STREET ADDRESS <b>5816 DeGiverville Ave.</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>Helen</b>		a. (First) <b>Helen</b>	
b. (Middle)		c. (Last) <b>Hoven</b>	
4. DATE OF DEATH <b>Jan. 17, 1953</b>		4. DATE (Month) (Day) (Year)	
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>Dec. 3, 1916</b>	
9. AGE (In years last birthday) <b>36</b>		10. AGE (In years last birthday)	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Andrew Halloran</b>		13b. MOTHER'S MAIDEN NAME <b>May Short</b>	
14. NAME OF HUSBAND OR WIFE <b>Mr. Mathias Hoven</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>not known</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Mathias Hoven, 5816 DeGiverville Ave.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rt. Ovary</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION <b>8/14/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma rt ovary extension into pelvic structures</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>175X</b>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4-29</b> , 19 <b>52</b> , to <b>1-17</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1-17</b> , 19 <b>53</b> , and that death occurred at <b>8:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John J. Hannans M.A.</b>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>1/19/53</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 20, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3568

P. O. Address St Louis Mo

**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.