

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008109

STATE FILE NUMBER

 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rhineland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis County Hosp. DOA</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Local</u>	
3. NAME OF DECEASED (Type or print) First <u>Christine</u> Middle <u>Lynn</u> Last <u>Van Booven</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>29</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 28, 1954</u>		9. AGE (In years last birthday) <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Washington Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Melvin Van Booven Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Marguerite Van Beek</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Melvin Van Booven Sr. Rhineland Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute epidural hemorrhage due to fall</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>900.0</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell down stairway in family home, taken from there to hospital in Washington, Mo., and died enroute to St. Luke's Hospital in St. Louis, Mo.</u>			
20c. TIME OF INJURY Hour <u>11:00</u> Month <u>1</u> Day <u>29</u> Year <u>58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Rhineland</u>		COUNTY <u>Montgomery</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Jaymond M. Davis</u> (Degree or title) Coroner			22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>2/4/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Feb. 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>
24. FUNERAL DIRECTOR <u>Baker Funeral Home Americus, Mo</u>		ADDRESS <u>Americus, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2/30/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u> JN.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard notation for diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed *Jerome F. Swoboda*.....

Licensed Embalmer No. *45*.....

P. O. Address *Washington*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.