

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012788
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 911

300
1-57

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY 2169	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 37 Maryridge Nursing Home		Length of stay in lb 12 Days	d. STREET ADDRESS (If outside, give location) 3817a McDonald Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle VAN HOTEGEN Last VAN HOTEGEN			4. DATE OF DEATH Month Mar. Day 31 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1880
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Brown	
13b. MOTHER'S MAIDEN NAME Anna Unknown		14. NAME OF HUSBAND OR WIFE Late John J. VanHotegen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mabel M. Brahm Address 3817a McDonald Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			5 yrs.
DUE TO (c) Hypertension of Lungs			1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input 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.) 445X 2	
20c. TIME OF INJURY Hour 5:45 a.m. March 31 Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo. STATE Mo.
21. I attended the deceased from March 21, 1958 to March 31, 1958 and last saw her alive on March 31, 1958 Death occurred at 3:45 A.M. March 31, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John C. Crawford (Degree or title)		22b. ADDRESS R.D. 2 9612 S. Beardway	22c. DATE SIGNED 3-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 2, 1958	23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. 3-31-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature to item 18. No synonyms will be treated. All diseases in Part I must be causally related.

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 *William B. White*

Licensed Embalmer No. *1391*

P. O. Address *1284 Taylor*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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