

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027759
State File No.

FILED AUG 11 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2070

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) YRS	c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Jefferson Rd.		STREET ADDRESS (If rural, give location) 108 Jefferson Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MITCHELL c. (Last) VAN HOOK		4. DATE OF DEATH (Month) (Day) (Year) 8-6-1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 2-16-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missionary		10b. KIND OF BUSINESS OR INDUSTRY Religion	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and State or Foreign Country) Ferguson Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lawrence N Van Hook		13b. MOTHER'S MAIDEN NAME Jane Finley	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. +52-52-5162A		17. INFORMANT'S SIGNATURE OR NAME L.N. VanHook ADDRESS 108 Jefferson Rd.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 1 month ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4/201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 5, 1958 , to Aug 6, 1958 , that I last saw the deceased alive on Aug 6, 1958 , and that death occurred at 10:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James Jones (Degree or title) M.D.		23b. ADDRESS 317 W. Lockwood Ave Webster Groves 19, Mo.	
23c. DATE SIGNED Aug 7, 1958			
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 8-8-1958	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 8-7-58		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich		ADDRESS Webster Groves Mo.	

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 *Levie Welch*

Licensed Embalmer No. *439*

P. O. Address *Wahater Gro*

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.