. S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34524

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 194

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Jane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY B. VAN DOREN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Van Doren
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May 26 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Leopold Missouri (City, town or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Seckfelder
13. Birthplace Holland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bernadine Sonders
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Van Doren
(b) Address 10 Jane Bonne Terre Mo
17. (a) Buried Date thereof 9-24-45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery
18. (a) Signature of funeral director Bunker[?] Hdle Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 10-17-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st year 1945 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from February 1, 1945, to Sept. 21, 1945, that I last saw her alive on Sept 21, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis of lungs, liver & cervical lymph nodes	8 mos.
Due to Carcinoma of stomach	1½-2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations / Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature Marvin L. Haw[?] (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 9/24/45

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 114-5-1296
Date Filed 11-8-45

Mary B. VanTOREN

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 .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 706

P.O. Address .....

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.