MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Enroute City Hosp #1 St. ..... Ward)

File No. 31132

Registered No. 8716

2. FULL NAME John Von der Haar.

(a) Residence. No. 3913 Delor Street. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1o.1907.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	--	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Ice and Coal.Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis,Mo.,

PARENTS

10. NAME OF FATHER Andrew Von der Haar.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Anna Wilmes.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St.Louis,Mo.,

14. INFORMANT Andrew Von der Haar
(Address) 3913 Delor Street.

15. FILED SEP -4 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2, 1930

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries (Fractured Skull) received when auto he was driving collided with street car in St. Louis, Mo. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2 OXM 188 Accident (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John J Hinley M.D.

9/4, 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Peter & Paul Cemetery	Sept. 5, 1930

20. UNDERTAKER	ADDRESS
J H Gibbons L and H Co	2842 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.