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

Do not use this space.

3118

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 776

City St Louis (No. 4549 So Broadway St. ..... Ward)

2. FULL NAME Caroline Vonau

(a) Residence, No. 4549 So Broadway St. ..... Ward. 15
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 24-1867

7. AGE YEARS 66 MONTHS 3 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) May 1933
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louise Heinold 4549 So Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE 1/22 1934

19. UNDERTAKER (ADDRESS) Henry L Weidenmeller 6203 Gravois

20. FILED ..... 1934 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1934

22. I HEREBY CERTIFY That I attended deceased from Mch 8, 1933, to Jan 19, 1934
I last saw her alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 4:30 A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
131	
92 A	

Other contributory causes of importance:

Chronic Nephritis

Name of operation none Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....
(Signed) Geo W. Bader, M. D.
(Address) 5836 E. Virginia

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.