

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37194
Registrar's No. 1930

Registration District No. 784 Primary Registration District No. 207

1. PLACE OF DEATH: St. Louis
(a) County St. Louis
(b) City or town Pattonville
(c) Name of hospital or institution: Fee Fee Road
(d) Length of stay: In hospital or institution 13 yrs
In this community 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pattonville
(d) Street No. Fee Fee Road
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME JOHN VONDERHEAD
(b) If veteran, name war. (c) Social Security No. 531
4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Elizabeth Vonderhead 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 5 1885

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 30 year 1939 hour 11:30 PM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 12 1936 to Oct 30 1939 that I last saw him alive on Oct 30 1939 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 9 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace New Athens Ill.

Immediate cause of death Cerebral Myocarditis and Chronic Nephritis
Due to _____
Due to 131
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Retired
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Ermy Battle
(b) Address 4042 N. Floussant
17. (a) Burial (b) Date thereof 11-2-1939
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Samuel Brown
(b) Address 2504 Woodson Rd - Overland Mo.
19. (a) NOV 2 1939 (b) Registrar's signature A. R. Meyer

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. T. Tolson (M. D. or other) _____
Address Pattonville Mo Date signed 11.1.39

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

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, above space should be left blank.