

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.

Registration District No. 784

Primary Registration District No. 200

State File No. \_\_\_\_\_

Registrar's No. 649

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin

(c) Name of hospital or institution: Pine Crest Home, Ballwin, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 6 mo.  
(If not in hospital or institution, write street number or location) 2

In this community 6 months  
years, months or days 1-2-16

3. (a) PRINT FULL NAME HENRY J. VONDERA

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 22 1865  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>75</u> | <u>1</u> | <u>9</u> | hr. _____ min. _____ |

9. Birthplace Franklin Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone-Mason Retired 15yrs

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Don't Know 9

13. Birthplace Don't Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Don't Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ida Hinze

(b) Address 4347 California Ave.

17. (a) Burial (b) Date thereof Apr. 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moselle, Mo.

18. (a) Signature of funeral director H. Keppen Lutz & Ward Co.

(b) Address 2842 Meramec St.

19. (a) APR - 2 - 1940 (b) [Signature]  
(Date received local Registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County St. Louis

(c) City or town Ballwin  
(If outside city or town limits, write "RURAL")

(d) Street No. Manchester Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1940 hour 9:45 A.M. minute A. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1939, to April 1, 1940, that I last saw him alive on April 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
chronic bronchitis

Duration \_\_\_\_\_

Due to arteriosclerosis

Due to senile changes

Other conditions none 930  
(Include pregnancy within 3 months of death)

Major findings: none - no operation  
Of operations \_\_\_\_\_

Of autopsy not posted

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no injury

(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? 70%

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. R. Loving (M. D. or other) \_\_\_\_\_  
Address Ballwin, Mo. Date signed 4-1-40

**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 Ma  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Loron C. Percy

Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, 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.**