

Registration District No. 784Primary Registration District No. 20102Registrar's No. 626

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
4020 Weber Rd.
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2
(Specify whether _____)
- In this community 40 yrs
years, months or days

3. (a) PRINT
FULL NAMEMathilda Vonder Haar3. (b) If veteran,
name war --3. (c) Social Security
No. --4. Sex female
5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Bernard Vonder Haar6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June 11 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 9 18 hr. _____ min.9. Birthplace Mo
(City, town, or county) (State or foreign country)10. Usual occupation house wife11. Industry or business at home12. Name John Greubel13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Grobel
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mathilda Vonder Haar(b) Address 4020 Weber Rd.17. (a) burial (b) Date thereof 4/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olive18. (a) Signature of funeral director Fendler Und. Co.(b) Address 7402 Michigan19. (a) MAR 21 1940 (b) Dr. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town Lemay
(If outside city or town limits, write "RURAL")
- (d) Street No. 4020 Weber Rd.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1940 hour 7:45 minutes _____ M.21. I hereby certify that I attended the deceased from File 9
_____ 1940 to Mar 29, 1940
that I last saw her alive on Mar 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocardial Chronic
infarctus

Due to _____

Due to 1270Other conditions Chronic Myocarditis Chronic
(Include pregnancy within 3 months of death)Major findings: Strang. undisturbedof operations hernia - operations 2/24/40

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____23. Signature Dr. Meyer (M. D. or other) _____Address 7702 Michigan Date signed 3/30/40

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.

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

Wilson Collins

Licensed Embalmer No.

3887

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.