

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4644**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community Lifetime  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town WELLSTON  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. 1430 St. Vincent Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1940 hour 8<sup>35</sup> minute P M.  
21. I hereby certify that I attended the deceased from May 22, 1940, to May 26, 1940;

3. (a) PRINT FULL NAME George Oliver Vonland Jr.  
3. (c) Social Security No. none  
8. (b) If veteran, name war none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14th 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 1 12 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

MOTHER FATHER { 12. Name George O. Vonland  
13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Gertrude Mahoney  
15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant George O. Vonland  
(b) Address 1430 St. Vincent Ave

17. (a) Burial (b) Date thereof May 28th 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co  
(b) Address 3621 Olive Street.

19. (a) 5-27-40 (b) J. B. Rudick  
(Date received local registrar) (Registrar's signature)

that I last saw him alive on May 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute rheumatic fever & active rheumatic pericarditis.

Due to Rheumatic fever

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature N. R. Bierman M.D. (M. D. or other)  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Melvin L Kempe*

Licensed Embalmer No.

*4052*

P. O. Address

*3621 Olive St*

**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.**