

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 7741

RECEIVED OCT 25 1940

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4834 Bircher Boulevard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th  
year 1940 hour 2 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Sept. 13  
1940 to Sept. 16, 1940;

that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 1 day  
~~as listed on certificate~~

Due to Hypertensive cardiac malnutrition Several years.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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) \_\_\_\_\_ (If means of injury)  
23. Signature John J. Lutz (M. D. or other) \_\_\_\_\_  
Address 7703 Carter Ave. Date signed 9-16-40

3. (a) PRINT FULL NAME Magdalena Vonarb  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. June 15 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

12. Name Domonic Vonarb

18. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena Steinmetz

16. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Vonarb

(b) Address 4834 Bircher Boulevard

17. (a) Burial (b) Date thereof 9/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll Und.

(b) Address 4600 Natural Bridge Ave.

19. (a) SEP 16 1940 (Date received local registrar)  
J. P. Lutz (Registrar's signature)

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

MOTHER FATHER

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**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

*Frank H. Stone*

Licensed Embalmer No. 2265

P. O. Address 4600 1/2 Bridge on

**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.**