

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

32555

Registration District No. *200*

Primary Registration District No. *200*

Registrar's No. *1935*

FILLED OCT 7 1941

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural South Aftton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 67 Highway / South Aftton, Mo. RR #14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Phillip VonTalge
3. (b) If veteran, name war None 3. (c) Social Security No. 494-03-5262

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie VonTalge 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased October 27 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Millwright

11. Industry or business Huttig Sash & Door Co.

MOTHER FATHER { 12. Name Henry VonTalge
13. Birthplace Oakville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Deuser

15. Birthplace Mehlville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie VonTalge
(b) Address Rural Route #14 Aftton, Mo.

17. (a) Burial (b) Date thereof Sept. 17, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister W & C.
(b) Address 2814 S. Broadway

19. (a) SEP 17 1941 (b) A. Mc Larson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town South Aftton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1941 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from May 31, 1941, to Sept 15, 1941
that I last saw him alive on Sept 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure 3 wks
Subacute Bacterial
Endocarditis 4 mo
Streptococcus Viridans

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/10
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) (e) Means of injury

23. Signature Oliver J. ... M.D. or other Phys
Address 7606 ... Date signed Sept 16

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

3000

