

No. 2  
-1-4-41  
-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33045

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7998

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3454 Halliday Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 16 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3454 Halliday Ave 4  
(If rural, give location) 0.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT  
FULL NAME

OTTO LOUIS VONDER AU

3. (b) If veteran,  
name war NO

3. (c) Social Security  
No. NO

4. Sex Male

5. Color or  
race white

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

(b) Name of husband or wife  
Emily Vander Au

6. (c) Age of husband or wife if  
alive 52 years

7. Birth date of deceased  
Oct. 8 1869

(Month) (Day) (Year)

8. AGE:

Years 71 Months 11 Days 26  
If less than one day  
hr. min.

9. Birthplace:

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

10. Usual occupation:

Physician

11. Industry or business:

Ears, Nose & Throat

MOTHER FATHER

12. Name George Vander Au

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

14. Maiden name Josephine Bahr

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

16. (a) Informant:

Mrs. Emily Vander Au

(b) Address:

3454 Halliday Ave

17. (a) Entombment  
(Burial, cremation, or removal)

(b) Date thereof 10-7-41  
(Month) (Day) (Year)

(c) Place: burial or cremation:

Oak Grove Mausoleum

18. (a) Signature of funeral director: Wiegand & Martz while at work

(b) Address:

4228 So. Kingshighway

19. (a) OCT 7 1941  
(Date received local registrar)

(b) J. H. Bedeck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 of  
year 1941 hour 10:27 minute AM M.

21. I hereby certify that I attended the deceased from Aug 4  
1941 to Oct 4 1941;

that I last saw him alive on Oct 4/41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration

Due to: Arterial Sclerosis

Due to: 83

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 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?

(Specify type of place) (Means of injury)

23. Signature Wiegand (M. D. or other)  
Address 3206 Lafayette Date signed.....

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

Wm. McCarthy  
3202 Lafayette Ave  
Wt: 5715-3-4

**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 *Edwin A. McHernett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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, fact should be so stated above.**