

FILED JUL 23 1942
760 B

Registration District No. _____

Primary Registration District No. 6001

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town O'FALLON MO
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
In this community 59 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES
(c) City or town O'FALLON
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 59 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1938 to June 13 1942
that I last saw her alive on June 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocarditis 5 yrs.
Hypertension 8 yrs.
Arterio Sclerosis 8 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: 938
Of operations _____
Of autopsy _____

Duration
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Nicholas J. ...
Address O'Fallon Mo. Date signed 6/16/42

3. (a) PRINT FULL NAME MRS MARY VONDERBOS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife JACOB VONDERBOS (DEAD)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 15 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business _____
12. Name GERTZEN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant OLLIE VONDERBOS
(b) Address O'FALLON MO

17. (a) BURIAL (b) Date thereof 6-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation O'FALLON MO.

18. (a) Signature of funeral director E. Keithly
(b) Address O'FALLON MO

19. (a) 6-16-42 (b) E. Keithly
(Date received local registrar) (Registrar's signature)

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

92
0
0

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.....

E. Keithly

Licensed Embalmer No.....

822

P. O. Address.....

O'Fallon 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.