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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4887

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1175

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: 3801 Clarence Ave 3 (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) En Route City Hosp #1

2. USUAL RESIDENCE OF DECEASED: 000 12 710

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 3801 Clarence Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country No Attending Physician

3. (a) PRINT FULL NAME William VonBargen

3. (b) If veteran, name war

3. (c) Social Security No. 489-05-4450

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Olga Schroeder VonBargen

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

7. Birth date of deceased Oct 11th 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Gustave VonBargen
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Marie Vonderheide
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Emma Foltz
(b) Address 5535 Ashland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) FEB 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Duodenal Ulcer

Due to General Peritonitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (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)

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 2-4-43

(Licensed Embalmer's Statement on Reverse Side)

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 L H Stroat

Licensed Embalmer No. #2265

P. O. Address 4600 Natural Br

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.