

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

Registration District No. **318**

Primary Registration District No. **1003**

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:  
**7908 Minnesota /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... **50 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **7908 Minnesota** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Herman B. VonderHaar**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 6, 1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>6</b>	<b>14</b>	..... hr. .... min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Herman VonderHaar**

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

14. Maiden name **Mary Schultzy**

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

16. (a) Informant **Elizabeth VonderHaar**

(b) Address **7908 Minnesota**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 23, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Avenue**

19. (a) **JUL 21 1943** (Date received local registrar) **J. F. Bruesch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20** year **1943** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **July 17 - 1943** to **July 20 - 1943** that I last saw him alive on **July 20 - 1943** and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Cerebral Hemorrhage**

Due to.....

Due to.....

Other conditions **Diabetic incl.** (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **J. P. Kessel** (M. D. or other) Address **905 Morrison St.** Date signed **7/21/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

905 Morrison  
Rm 2645

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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.....

Licensed Embalmer No. ....

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.