

S. No. 2  
OM-5-42  
Rev. 5-17-39  
I X32

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30492**  
Registrar's No. **8452**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**CITY SANITARIUM** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 yrs 4 mos 10 ds**  
**6 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Way**

(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL") **139**

(d) Street No. **5400 Arsenal**  
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **MARGARET VONLAND**

3. (b) If veteran, name war..... -

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sep't.** day **22**  
year..... **1943** hour **4:10** minute **P.M.**

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Sep't**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **March 23 1897**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-2-1936** 19..... to..... **Sep't 22 1943**  
that I last saw h..... **er** alive on..... **Sep't 22 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**36** **5** **29** hr. min.

Immediate cause of death..... **Coronary Occlusion** **15 hrs.**  
**Arteriosclerosis - Coronary**  
Due to..... **Vessels** **1936X**

9. Birthplace **St. Louis** **0 Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **none**

Other conditions (include pregnancy within 3 months of death)..... **None**

Major findings: Of operations.....

Of autopsy..... **No**

11. Industry or business.....

12. Name..... **William Hassatt**

13. Birthplace..... **unknown** **N.Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Margaret Doyle**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant..... **Helena A. Singler**

(b) Address..... **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof..... **9 24 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary**

18. (a) Signature of funeral director..... **Waymond**

(b) Address..... **3621 Olive St**

19. (a) **SEP 24 1943** (b) **F. Bredeck**  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature..... **Matthew** (M. D. or other) **MD**

Address..... **5400 Arsenal St** Date signed **9-22-43**

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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 *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St Louis*

**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.**