

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

**FILED MAY 17 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis City Hospital**  
**Max C. Stakloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9** (Specify whether  
In this community **9** years, months or days)

3. (a) PRINT FULL NAME **MICHAEL VRONNA**

3. (b) If veteran, name war **1** 3. (c) Social Security No. **1**

4. Sex **M** 5. Color **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years  
7. Birth date of deceased **Oct 1 1885** (Month) (Day) (Year)

8. AGE: Years **60** Months **7** Days **7** If less than one day hr. min.

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

10. Usual occupation **Harmon maker**

11. Industry or business **Harmon maker**  
12. Name **Michael Vronna**  
13. Birthplace **Urban** (City, town, or county) (State or foreign country)  
14. Maiden name **Urban**  
15. Birthplace **Urban** (City, town, or county) (State or foreign country)

16. (a) Informant **Christine Vronna**

(b) Address **Michigan Ave**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **5/11/46** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles Cemetery**

18. (a) Signature of funeral director **Joseph W. W. C.**

(b) Address **7420 Michigan Ave**

19. (a) **MAY 10 1946** (Date received local registrar) (b) Registrar's signature **J. F. Bredbeck**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **1710 N. 50th** (If rural, give location)  
(e) Citizen of foreign country **None** (Yes or No)  
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8** year **1946** hour **6:20** minute **P** M.

21. I hereby certify that I attended the deceased from **May 8 1946** to **May 8 1946**  
that I last saw him alive on **May 8 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery disease**

Due to **Coronary artery disease**

Due to **Coronary artery disease**

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

Major findings: Of operations **None** Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**  
(b) Date of occurrence **None**  
(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? (a) Means of injury **None**

23. Signature **J. F. Bredbeck** (M. D. or other) Address **1515 Lafayette Avenue** Date signed **5/9/46**

**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

*Olive E. Penelle*

Licensed Embalmer No.

*4148*

P. O. Address

*Genoa*

**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.**