

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42063

State File No. _____

Registrar's No. 3636

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4000 Avenue F
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4000 Avenue F 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Patricia Vonderhaar

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 46 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from Dec. 7
1946, to Dec. 30, 1946
that I last saw her alive on 12-30-46, 19____
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 2 1938
(Month) (Day) (Year)

Immediate cause of death de dilation of heart Duration 2 hrs.

Due to chronic valvular heart disease (rheumatic heart) second yr

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

Due to _____

Other conditions Nephroses 9's 8 several months
(Include pregnancy within 3 months of death)

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

10. Usual occupation student

11. Industry or business St. George Parish

12. Name Henry Vonderhaar

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

14. Maiden name Mary Chott

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Henry Vonderhaar

(b) Address 4000 Avenue F

17. (a) burial (b) Date thereof 1-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

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

(b) Address 7420 Michigan Ave.

19. (a) 1-4-47 (b) Arthur J. Allen M.D.
(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)
Means of injury _____

23. Signature Luigi S. Grechus (M. D. or other) _____
Address 748 Lemay Ferry Rd Date signed 12/31/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clayton B. Lindbergh*
.....
Licensed Embalmer No. *4148*
P. O. Address *St. Louis, 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, fact should be so stated above. ..