

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15757**
Registrar's No. **4435**

Registration District No. **318** Primary Registration District No. **1000**

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:
St. Lukes Hospital.
(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)

3. (a) PRINT FULL NAME **HARRY VINSONHALER.**
3. (b) If veteran, name war **None.** 3. (c) Social Security No. **None.**

4. Sex **Male** 0 5. Color or race: **White**
6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife.....
Frances W. Vinsonhaler. 6. (c) Age of husband or wife if alive **58.** years
7. Birth date of deceased **June 2, 1871.**
(Month) (Day) (Year)

8. AGE: Years **75.** Months **10** Days **29.** If less than one day hr. min.

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

10. Usual occupation **Retired.**

11. Industry or business **Wholesale Shoe Dealer.**

12. Name **George Vinsonhaler.**

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Frances W. Vinsonhaler.**
(b) Address **5662 Waterman Avenue,**

17. (a) **Interment.** (b) Date thereof **5/2/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery.**
18. (a) Signature of funeral director **C.R. Lupton & Sons.,**
(b) Address **7233 Delmar Blvd.,**

19. (a) **MAY 1 1947** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County.....
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **5662 Waterman Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **1**
year **1947** hour **3:30** minute **A.** M.
21. I hereby certify that I attended the deceased from
4-25, 19**47**, to **5-1**, 19**47**
that I last saw him alive on **5-1**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis;
Broncho-pneumonia

Duration
2 yrs
1 wk
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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?
While at work?.....
(Specify type of place) (e) Means of injury.....
23. Signature **Wend Becke** (M. D.)
Address **3720 Washington** Date signed **5/1/47**

Dr Anthony B. Day. 3720 Washington.
NE: 6870

Dr Hiram Liggett.
NE: 1551.

*Dr. Mrs. Beckel
3770 Washington*

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 *Raymond L. Morris*

Licensed Embalmer No. *4330*

P. O. Address *Maplewood 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.