FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1948

State File No. 10607

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3305

WRITE PLAINLY—USING 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: De Paul 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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6406 Suburban Ave.,
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDITH VONGRUBEN.

3. (b) If veteran, name war No

3. (c) Social Security No. 486-16-8900.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 17, 1888.
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Gideon
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Chloe Sheaya
15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Vongruban
(b) Address 6406 Suburban Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1948.
(Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) DEC 7 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1948 hour 11.00 minute A.M.

21. I hereby certify that I attended the deceased from 1934, 19, to 12/6, 1948
that I last saw her alive on 12/6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	1 day
Due to: Chr Hypertension	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 6125 Bartmer City Date signed 12/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Anthony Bonner, Registered Apprentice No. 102 working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.