

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 4 1950 STANDARD CERTIFICATE OF DEATH

State File No. 4227

22/10

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>13</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		c. CITY OR TOWN <u>Salisbury</u>		0210		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>S. Broadway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) _____		c. (Last) <u>Vonder-Burg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug-30-1864</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Henry Markeroth</u>		13b. MOTHER'S MAIDEN NAME <u>Agatha Glassen</u>		
14. NAME OF HUSBAND OR WIFE <u>George VonderBurg</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <u>Victor Walters</u>				ADDRESS <u>Salisbury</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<u>4201</u>
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Anxiety Neuroses</u>						<u>1 yr</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>45</u> , to <u>Feb 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 24</u> 19 <u>50</u> , and that death occurred at <u>11:40</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. W. Stauch</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>2/24/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/28/50</u>		REGISTRAR'S SIGNATURE <u>H. W. Stauch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Blunkhmay</u>		ADDRESS <u>Salisbury</u>		

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

RECEIVED

FEB 28

District Health Officer No. 8,

District File Number _____

Date Filed 3-3-50

RCM: C
AMW

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Chas B Winkelmeyer

Licensed Embalmer No. 38420

P. O. Address Salisbury Md

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.