S. No. 300
v. 10-48

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10744

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2481

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 60 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5274 Gilmore Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2079

d. STREET ADDRESS (If rural, give location) 5274 Gilmore Ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) C. c. (Last) Vonnamen

4. DATE OF DEATH (Month) March (Day) 15, (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec, 17, 1873
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier
10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail
11. BIRTHPLACE (State or foreign country) O'Fallon, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Casper Vonnamen
13b. MOTHER'S MAIDEN NAME Adeline Willott
14. NAME OF HUSBAND OR WIFE Helen Vonnamen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 488-30-5007
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Vonnamen 5274 Gilmore Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) valvular heart disease — INTERVAL BETWEEN ONSET AND DEATH Dont know

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4214

22. *I hereby certify that I attended the deceased from* April 15, 1950, *to* Mar. 15, 1951 *that I last saw the deceased alive on* Mar. 14, 1951, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Minnown MD (Degree or title) 0
23b. ADDRESS 5330 Geraldine av
23c. DATE SIGNED 3-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE Mar. 17, 1951
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
24d. LOCATION (City, town, or county) St. Louis, CO. (State) MO.

DATE REC'D BY LOCAL REG. MAR 16 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20 Street

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Neville B. Grolwitter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.