

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44246

State File No. \_\_\_\_\_

11317

318

1003

Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		a. STATE Mo. b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place) 7 dys.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood, 22 Mo. 4003	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1225 Denny Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) PAUL	b. (Middle) Curt	c. (Last) VON GONTARD	4. DATE OF DEATH	(Month) 12	(Day) 21	(Year) 51
-------------------------------------	-----------------	------------------	-----------------------	------------------	------------	----------	-----------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 22 Nov. 1896	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investments	10b. KIND OF BUSINESS OR INDUSTRY Investment Broker	11. BIRTHPLACE (State or foreign country) Hagen, West Phalan, Germany 4	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	----------------------------------

13a. FATHER'S NAME Paul Von Gontard	13b. MOTHER'S MAIDEN NAME Clara Busch	14. NAME OF HUSBAND OR WIFE Consuelo Wilson Von Gontard
-------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Consuelo Von Gontard	ADDRESS 1225 Denny Rd.
---	-------------------------------	---	------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant tumor of the brain		INTERVAL BETWEEN ONSET AND DEATH ?
	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 12-18-51	19b. MAJOR FINDINGS OF OPERATION as above.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 193X
--	--	---------------------------------

22. I hereby certify that I attended the deceased from 12/14, 1951, to 12/21, 1951, that I last saw the deceased alive on 12/21, 1951, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE Louis P. Heltz M.D.	(Degree or title)	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED Dec 21, 1951
------------------------------------	-------------------	------------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 21 Dec 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) St. Louis County Mo.
---	-----------------------	--	--

DATE RECEIVED BY LICENSED EMBALMER DEC 21 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. J. Donnelly	ADDRESS 3850 Lindell
--	-------------------------------------	---	----------------------

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

