

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18647

State File No.

4014

FILED MAY 27 1952

| | | | | | | | | | |
|--|--|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 8331 Bridge | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1 | | | | 3. NAME OF DECEASED a. (First) Laverne | | | | b. (Middle) _____ | |
| c. (Last) Vonderhaar | | | | 4. DATE OF DEATH (Month) (Day) (Year) April 27, 1952 | | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0 | | 8. DATE OF BIRTH Dec. 21, 1917 | | | |
| 9. AGE (In years last birthday) 34 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) beauty operator | | 10b. KIND OF BUSINESS OR INDUSTRY unemployed | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Joseph Vonderhaar | | 13b. MOTHER'S MAIDEN NAME Rose Schnieders | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 498014354 | | 17. INFORMANT'S SIGNATURE OR NAME Virgil Vonderhaar | | | | ADDRESS 1608 Bellevue | |
| 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) Pulmonary Tuberculosis | | | | INTERVAL BETWEEN ONSET AND DEATH uncertain | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none | | | | | |
| DUE TO (c) infection | | | | 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION none | |
| 19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 0021 | | | | | |
| 22. I hereby certify that I attended the deceased from 8/11, 1943 , to 4/22, 1952 , that I last saw the deceased alive on 4/24/52 , and that death occurred at 10 1/2 m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Laverne Vonderhaar (Degree or title) _____ | | | | 23b. ADDRESS 3515 South Grand | | 23c. DATE SIGNED 4/28/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0 | | 24b. DATE 4/30/52 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Clive Cem. | | 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo. | | | |
| DATE REC'D BY LOCAL REG. APR 29 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. | | ADDRESS 7420 Michigan | | | |

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

J. Schuyler
3515 - 1st
2-3

05 1 8

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 *W E Morris*

Licensed Embalmer No. *3340*

P. O. Address *St James Mc*

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.