S. No. 300
v. 10.48

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

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45137

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12033

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2247
d. STREET ADDRESS (If rural, give location) 3155 South Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First) May
b. (Middle)
c. (Last) Vonderlage

4. DATE OF DEATH (Month) (Day) (Year) 12-28-52

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH 1-27-73

9. AGE (In years last birthday) 79 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John A

13b. MOTHER'S MAIDEN NAME Elizabeth Yokum

14. NAME OF HUSBAND OR WIFE Herman Vonderlage

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. ---

17. INFORMANT'S SIGNATURE OR NAME Arthur C. Vonerlage — **ADDRESS** 3717 Bobring

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) Carcinoma of rectum with — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES — Peritoneal metastasis

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 — Myocardial fibrosis

Conditions contributing to the death but not related to the disease or condition causing death. — Arteriosclerotic heart disease

19a. DATE OF OPERATION 10/15/52

19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum & peritoneal implants

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 154 X

22. *I hereby certify that I attended the deceased from* 10-6-52, 19____, *to* 12-28-52, 19____, *that I last saw the deceased alive on* 12-28-52, 19____, *and that death occurred at* 11:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Clawson, M.D. (Degree or title) — J. W. Clawson, MD.

23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.

23c. DATE SIGNED 12/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4

24b. DATE 12/31/52

24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran

24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. DEC 30 1952

REGISTRAR'S SIGNATURE J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle — **ADDRESS** 3634 Gravois

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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.