

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16324

State File No. ....

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4429

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 yr 7mo 2 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>		e. CITY OR TOWN <u>St. Louis</u> f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) c. (Last) <u>Vonderheid.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April. 30, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 26, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>George Vonderheide</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Rosche</u>	
14. NAME OF HUSBAND OR WIFE <u>Ernestine Rudolff</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernestine Vonderheid 4416 Minnesota</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with brain</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>and heart disease</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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? <u>4343</u>		22. I hereby certify that I attended the deceased from <u>Sept. 6, 1951</u> , to <u>April 30, 1953</u> , that I last saw the deceased alive on <u>April 30, 1953</u> , and that death occurred at <u>3:00 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Calvin Reimann Bowditch M.D.</u>		23b. ADDRESS <u>5800 Arsenal St.</u>	
23c. DATE SIGNED <u>4-30-53</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>5-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Lutheran</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay, 23, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SOUTHERN FUNERAL HOME</u> <u>6822 S. GRAND BLVD.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 30 1953</u> <u>J. Earl Smith, M.D.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 30 1953</u> <u>J. Earl Smith, M.D.</u>	

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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David Van Fossan*.....

Licensed Embalmer No. *4243*.....

P. O. Address *6327 So Geo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.