

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. 18817

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4534

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 month		d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital	
e. STREET ADDRESS 9 1954 Blount		f. (If rural, give location) 4429 Randall Place	

3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) _____ c. (Last) Vonderahe			4. DATE OF DEATH (Month) (Day) (Year) 5/8/56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	
8. DATE OF BIRTH 11/24/78		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME August Vonderahe		13b. MOTHER'S MAIDEN NAME Martha ?		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer to Cervical		DUE TO (b) nodus				8 1/2 months	
DUE TO (c) Adenocarcinoma of Rectum						1 1/2 yrs.	
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 154x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from 3/8, 1956, to 5/8, 1956, that I last saw the deceased alive on 5/8, 1956, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE George M. Tanaka, M.D. (Degree or title)		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED May 8, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-11-1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
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DATE REC'D BY LOCAL REG. MAY 10 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch & Son - 2516 E. 14		ADDRESS	
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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 *Francis J. Myland Jr*.....

Licensed Embalmer No. *451*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.