

S. No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33404**  
Registrar's No. **9324**

FILED NOV 1 1943 **818**

Registration District No. .... Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2122 Dolman St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **923**  
(d) Street No. **2122 Dolman St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Anton Onder**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Unknown About 1868**  
(Month) (Day) (Year)

8. AGE: Years **About 75** Months **Unknown** Days **Unknown** If less than one day **-----** hr. **-----** min.

9. Birthplace **Czechoslovakia 6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **John Onder** 13. Birthplace **Czechoslovakia 6**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Hofman**

15. Birthplace **Czechoslovakia 6**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Onder**  
(b) Address **2122 Dolman St.**

17. (a) **Burial** (b) Date thereof **10/23/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Wood Park**

18. (a) Signature of funeral director **Wm. C. Magdell**  
(b) Address **1926 Allen Ave.**

19. (a) **OCT 23 1943** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **20th**  
year **1943** hour **2** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **May 17**, 1941, to **Oct 20**, 1943;  
that I last saw him alive on **Oct 20**, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic Heart Disease**

Due to: **Arteriosclerotic disease**  
**Senile Hypertension of Aorta**

Due to: **173**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **Senile Hypertension of Aorta**  
Of operations: **Prostatectomy 7/1/40**

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **A. L. Witt** (M. D. or other) **MD**  
Address **634 N. 2nd** Date signed **10/23/43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jim G. Mondell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

**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.**