

3. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JAN 16 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mount St. Rose  
(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)

3. (a) PRINT FULL NAME Dorothy Vonderhaar

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

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife William Vonderhaar 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 13 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

39 3 15 hr. min.

9. Birthplace California  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

MOTHER FATHER

12. Name Alex Moushey

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Schneiders

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William Vonderhaar

(b) Address 331 Ave. H

17. (a) burial (b) Date thereof 1/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Oliv

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) 1-13-47 (b) Ruthy Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay 23  
(If outside city or town limits, write "RURAL")

(d) Street No. 331 Ave. H  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/7/47 day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 6:0 M.

21. I hereby certify that I attended the deceased from 1945  
\_\_\_\_\_ 19 \_\_\_\_\_ to 1/7/47 19 \_\_\_\_\_  
that I last saw h. ex alive on 1/6/47 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure (acute)

Due to Fibrotic lungs 5 yrs

Due to Pulmonary tuberculosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Duration

5 days

5 yrs

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy Confirmed diagnosis

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 Ruthy Allen (M. D. or other) \_\_\_\_\_

Address 3903 Olive Date signed 1/7/47

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**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.....

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

Signed..... *Oliver E. Pennington* .....

Licensed Embalmer No. *4148* .....

P. O. Address *Geny 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.**