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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1810**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3811 Indiana Av.
(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 **Ferdinand Jedloutschnig**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Theresa Jedloutschnig**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **June 30 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	22	hr. min.

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

10. Usual occupation **Retired freight handler**

11. Industry or business.....

MOTHER FATHER

12. Name **John Jedloutschnig**

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

14. Maiden name **Marie Lippan**

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

16. (a) Informant **Theresa Jedloutschnig**

(b) Address **3811 Indiana Av.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **2-25-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul Cem.**

18. (a) Signature of funeral director **Witt Bros. L & N Co**

(b) Address **2929 S. Jefferson Av.**

19. (a) **CEB 2 A 1946** (b) **J. F. Pradeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **247**

(d) Street No. **3811 Indiana Av.**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
year **1946** hour **4** minute **05** P.M.

21. I hereby certify that I attended the deceased from **2/15**, 19**46**, to **2/22**, 19**46**
that I last saw him **alive** on **2/22**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial (Virus) Pneumonia**

Due to.....

Due to **Hyperkalemia Chronic Renalitis**

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

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

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) (Cause of injury)

23. Signature **Otto C. Hansen**
(M. D.)

Address **3157 1/2 Park av** Date signed **2/23/46**

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 D. M. Davis

Licensed Embalmer No. 3741

Address 2929 Do Jefferson 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.