

FILED DEC 23 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10681

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:
St. Johns' Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____ Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
 (c) City or town. Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9223 Argyle Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Francis Garthoeffner

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife. Margaret Kist Garthoeffner 6. (c) Age of husband or wife if alive. 29 years
 7. Birth date of deceased. August 30 1907
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Clerk

11. Industry or business Wabash R.R.

12. Name John Garthoeffner

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

14. Maiden name Mary Micka

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

16. (a) Informant J. L. Kist

(b) Address 9321 Lackland Ave.

17. (a) Burial (b) Date thereof 12-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Ave. Overland Mo.

19. (a) DEC 13 1946 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1944 to 12-11-1946
 that I last saw him alive on 12-10-1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12mo.
 Due to myocardial degeneration 1 1/2 mo.
 Due to _____ 2 1/2 mo.

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

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Herman Kistner (M. D. or other) md.
 Address 9621 Lackland Rd. Date signed 12-12-46

Kloesker

WRITE PLAINLY—USE 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.....

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

Signed Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address.....

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.