

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2942

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **828**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give RURAL and give township) St. Louis MO		c. CITY (If outside corporate limits, give RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4412 Louisiana Ave		d. STREET ADDRESS (If rural, give location) 4412 Louisiana	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) LERCH			4. DATE OF DEATH (Month) (Day) (Year) 1st 27th 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 4th 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) FRANCE	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME GEORGE LERCH		13b. MOTHER'S MAIDEN NAME MARIE FREYERMUTH		14. NAME OF HUSBAND OR WIFE ROSA SCHWANINGER	
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 ADDRESS Rosa Lerch 4412 Louisiana 11	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION From		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 1 5 11	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **30 Oct 1948**, to **26 Jan 1949**, that I last saw the deceased alive on **26 Jan 1949**, and that death occurred at **11:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE John J. Desautels		(Degree or title) MD		23b. ADDRESS 4304 Meigs	
23c. DATE SIGNED 28 Jan 49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-31-49		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.					

DATE REC'D BY LOCAL JAN 28 1949		REGISTRAR'S SIGNATURE J.B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE F.H. 3819 S. GRAND BLVD	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Elton R. N. Remilans

Licensed Embalmer No. 4283

P. O. Address St. Louis 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.