No. 300
10-48

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

FILED JAN 19 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3000

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. F 48

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 6141 Magnolia

**3. NAME OF DECEASED** (Type or Print): a. (First) John b. (Middle) Paul c. (Last) Mahnken

**4. DATE OF DEATH** (Month) Jan (Day) 1 (Year) 1949

**5. SEX** male

**6. COLOR OR RACE** white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH** Sept 30 1895

**9. AGE** (In years last birthday) 53 — If under 1 year: Months 3 Days 1 — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Jeweler

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country): St Louis Mo.

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME** John Mahnken

**13b. MOTHER'S MAIDEN NAME** Maria McDonnell

**14. NAME OF HUSBAND OR WIFE** Hilma

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#1

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** Hilma Mahnken **ADDRESS** 6141 Magnolia

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cystitis — 8 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** none

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov 26, 1941, *to* Jan 1, 1949, *that I last saw the deceased alive on* Dec 31, 1948, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Joseph E. Glenn (Degree or title) M.D. **23b. ADDRESS** 958 Arcade Bldg **23c. DATE SIGNED** Jan 3/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **24b. DATE** 1/4/49 **24c. NAME OF CEMETERY OR CREMATORY** N St Marcus Cemetery **24d. LOCATION** (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. JAN 4 1949 REGISTRAR'S SIGNATURE J. B. Lasater

**25. FUNERAL DIRECTOR'S SIGNATURE** J L Ziegenhein & Sons **ADDRESS** 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1949

## 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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.**