

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6243
1822

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1822			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 5400 Arsenal St					
3. NAME OF DECEASED (Type or Print) JULIA			a. (First)		b. (Middle) HANS		c. (Last)		
4. DATE OF DEATH Feb. 23 1949			7. MARRIED, NEVER MARRIED, — WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 9th 1871		9. AGE (In years last birthday) 78		
5. SEX female			9. COLOR OR RACE white		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Austria			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME unknown			
13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE late Conrad Hans			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none			
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Conrad Hans			ADDRESS 9116 Dalton Los Ang			
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) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 11/15/37x	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility.					
				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			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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 Nov. 15, 1937, to Feb. 23, 1949, that I last saw the deceased alive on Feb. 23, 1949, and that death occurred at 8:45 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Anthony K. Bueckel, M.D.				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 2/25/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. FEB 27 1949		REGISTRAR'S SIGNATURE J. B. Faseler		25. FUNERAL DIRECTOR'S SIGNATURE Hy. Leidner U.		ADDRESS 2223 St. Louis Ave			

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

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mark

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.

Signed *John P. Buehkalz*

Signed _____
Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2233 St. Louis*

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.