

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 00000

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9410-St. Charles Road</b>		d. STREET ADDRESS (If rural, give location) <b>9410-St. Charles Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>Allison</b> c. (Last) <b>Self</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 8, 1876</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Rushville, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jason Self</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary C. Self</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Catherine Self</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Spanish American</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Catherine Self</b>		ADDRESS <b>9410-St. Charles Road Overland-14-Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>			
ANTECEDENT CAUSES <b>Hypertension</b>			
MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>93d</b>			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>144X</b>			
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 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) _____			
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 <b>1-24-1949</b> to <b>1-28-1949</b> , that I last saw the deceased alive on <b>1-28-1949</b> , and that death occurred at <b>8:30p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Herman Kloelke M.D.</b>		23b. ADDRESS <b>9621 Ladeland Rd.</b>	
23c. DATE SIGNED <b>1-31-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-31-49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Park</b>		24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-2-49</b>		REGISTRAR'S SIGNATURE <b>Harold L. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Blumman Bros. Inc.</b>		ADDRESS <b>2501 Woodson Road - Overland-14-Mo.</b>	

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.

Signed Oscar F. Mueller

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14

**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.