

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25636

BIRTH NO.		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 6676		Registrar's No. 1816	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Gardenville 4		a. STATE MISSOURI		b. COUNTY St. Louis 11	
c. LENGTH OF STAY (in this place) 4 50 yr		c. CITY (If outside corporate limits, write RURAL and give township) GARDONVILLE 11		d. STREET ADDRESS (If rural, give location) 8149 GRAVOIS AVENUE			
d. FULL NAME OF HOSPITAL OR INSTITUTION MILLER NURSING HOME							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) JOHN	b. (Middle) FREDERICK	c. (Last)	Month July	Day 20	Year 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 20-1873	9. AGE (In years last birthday) 75	If under 1 year Months 8	If under 11 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) SANDUSKY OHIO 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Frederick		13b. MOTHER'S MAIDEN NAME HOEFER		14. NAME OF HUSBAND OR WIFE ORA Kittinger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) nib		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ORA FREDERICK - 801 So. McKnight Rd.			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				1 Month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 yr.	
		DUE TO (b) Chronic Arteriosclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				47 2/1	
19a. DATE OF OPERATION no		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 2/18/1948, to 7/20/1949, that I last saw the deceased alive on 7/14/1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Mielke M.D.				23b. ADDRESS 3608 S. Grand Blvd.,		23c. DATE SIGNED 7/20/49	
24a. (STAMP) (REMOVAL) (Specify)		24b. DATE 7-21-49	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) SANDUSKY - OHIO		
DATE REC'D BY LOCAL REG. 7-21-49		REGISTRAR'S SIGNATURE Rudolf R. Blankenhorn			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Mielke 2301 DePuyette		

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

Mr. Wm Walters  
3608 So Grand Bl,

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 \_\_\_\_\_

*C W Cooper*

Licensed Embalmer No. \_\_\_\_\_

*3830*

P. O. Address \_\_\_\_\_

*2301 Lafayette*

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.