

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35188**  
Registrar's No. **9420**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		d. STREET ADDRESS (If rural, give location) <b>5900 Marwinette Ave.,</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>				d. STREET ADDRESS (If rural, give location) <b>5900 Marwinette Ave.,</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johanna</b> b. (Middle) _____ c. (Last) <b>Hairer,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 29, 1949.</b>					
5. SEX <b>Female,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed,</b>		8. DATE OF BIRTH <b>June 24, 1881</b>		
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Austria,</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Joseph Spiss,</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Catherine Bregenser,</b>		14. NAME OF HUSBAND OR WIFE <b>Alois Hairer, (deceased),</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Joseph Schaefer, 5900 Marwinette Ave.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Myocarditis</b> DUE TO (c) <b>Arterio Sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Hepatitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 mos.</b> <b>1 yr</b> <b>5 yrs.</b> <b>1 yr</b>		
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) <b>97</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>334X</b>				
22. I hereby certify that I attended the deceased from <b>Nov 21, 1949</b> to <b>Oct 29, 1949</b> , that I last saw the deceased alive on <b>Oct 27, 1949</b> and that death occurred at <b>10:25A.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>George O Sullivan M.D.</b>				23b. ADDRESS <b>421 N. Schirmer</b>		23c. DATE SIGNED <b>Oct. 31-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>		24b. DATE <b>11/2/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL PRES. <b>11/1</b>		REGISTRAR'S SIGNATURE <b>J. B. Sabater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>				

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

**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 me

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Joe D. Benz*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*4249*

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.