

No. 300
10-48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35268**
91852

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 96	
b. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR RICHMOND HEIGHTS, MO.	
c. LENGTH OF STAY (In this place) LIFETIME		d. STREET ADDRESS (If rural, give location) M.R. 1232 SUNSET AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: DEPAUL HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) JOHANING	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCT. 25 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 12, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 28 HRS. Hours	IF UNDER 28 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY HOELSCHER	13b. MOTHER'S MAIDEN NAME UNK. SUEDMAYER	14. NAME OF HUSBAND OR WIFE HARRY JOHANING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME G.W. JOHANING	ADDRESS 7519 WELINGTON WAY
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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		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious anemia with combined system disease.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<p style="text-align: center;">-- 015 11/25/49 - 10/25/49</p>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 73a
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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? 2900
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22. I hereby certify that I attended the deceased from **1941** to **October 25, 1949**, that I last saw the deceased alive on **October 25, 1949**, and that death occurred at **9:30A** m., from the causes and on the date stated above.

23a. SIGNATURE F.R. Ferguson M.D. U	23b. ADDRESS 539 No. Grand Blvd.	23c. DATE SIGNED 10/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-27-49	24c. NAME OF CEMETERY OR CREMATORY NEUPICKER CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. OCT 26 1949	REGISTRAR'S SIGNATURE J.B. Baates	25. FUNERAL DIRECTOR'S SIGNATURE SUEDMETER & SONS	ADDRESS 3934 N. 20 ST.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1950

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.....
Student Embalmer

Signed *Nevelle B. Proketter*

Licensed Embalmer No. *3696*

P. O. Address.....

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.