

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42614

State File No. _____

318

1003

10904

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) 15 - 4248 Virginia Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4248 Virginia Ave. | | | |

| | | | |
|---|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) EMIL | b. (Middle) C | c. (Last) JEHLE | 4. DATE OF DEATH (Month) (Day) (Year) December 18, 1949 |
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|--------------------|-------------------------------|---|---|---|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH February 17, 1863 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10 yrs. | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|--------------------------------------|---|---|
| 13a. FATHER'S NAME John Jehle | 13b. MOTHER'S MAIDEN NAME Louise Walterspiel | 14. NAME OF HUSBAND OR WIFE Marie S. Jehle |
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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. _____ | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie L. Trudinski | ADDRESS 4248 Virginia Ave. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 Mo |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility | | |
| | 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. | | | |

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| 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) 102 |
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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? 794X |
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22. I hereby certify that I attended the deceased from **11-28, 1949** to **12-18, 1949**, that I last saw the deceased alive on **12/13, 1949**, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

| | | |
|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) S. A. Hester M.D. | 23b. ADDRESS 5600 Compton | 23c. DATE SIGNED 12/19/49 |
|---|----------------------------------|----------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/21/49 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|---|---------------------------|---|---|

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|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. DEC 19 1949 | REGISTRAR'S SIGNATURE J. B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary | ADDRESS 2842 Meramec St. |
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Joe S. Benz
Licensed Embalmer No. 4249

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

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.