

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6356
1160

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis.			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) University City.		4356	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital.				d. STREET ADDRESS (If rural, give location) 7308 Wellington Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) Caroline		b. (Middle) --E		c. (Last) Jameton.	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 17, 1858		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Meisinger,		13b. MOTHER'S MAIDEN NAME Caroline Schwenk,		14. NAME OF HUSBAND OR WIFE Jean Jameton.			
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 ADDRESS Mrs. E. L. Wagner, -7308 Wellington.			
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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY DUE TO (c) GENERALIZED ARTERIOSCLEROSIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of KNEE.				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN.	
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) Fracture of KNEE -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 42004			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 3 50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 14. FELL OUT OF BED.			
22. I hereby certify that I attended the deceased from 1-6 , 19 50 , to 2-4 , 19 50 , that I last saw the deceased alive on 2-4 , 19 50 , and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Koch				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 2-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/8/50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. FEB 6 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary, 4161 Lindell Bldg.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Robert E. Koch
3720 Washington
St

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

Robert T. Sargeter

Licensed Embalmer No. 4298

P. O. Address. St Louis, 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.