No. 300
10.48

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 232030

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 3 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labadie "Rural" Boles Township.
d. STREET ADDRESS (If rural, give location): R.F.D. 0360

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) F. c. (Last) Johanning.

4. DATE OF DEATH (Month) (Day) (Year): July 18th, 1950.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 24th, 1870.

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason.

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (State or foreign country): Germany. 4

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown.

13b. MOTHER'S MAIDEN NAME: Unknown.

14. NAME OF ~~HUSBAND~~ OR WIFE: Emma Johanning.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. x

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S SIGNATURE OR NAME: Bura A. Johanning — ADDRESS: Webster Groves, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac compensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of esophagus
DUE TO (c) + prostate gland

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 150 λ

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1949, 19__, *to* July 18, 1950, *that I last saw the deceased alive on* July 18, 1950, *and that death occurred at* 2:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Washington Mo

23c. DATE SIGNED: 7/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 20, 1950.

24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery.

24d. LOCATION (City, town, or county) (State): Labadie, Mo.

DATE REC'D BY LOCAL REG.: July 19, 1950

REGISTRAR'S SIGNATURE: [signature] 99

25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg + Vitt Inc — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 A. F. Fisher Jr.

Licensed Embalmer No. 2387

P. O. Address Washington, P

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.