S. No. 300
v. 10.48

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24912

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6143

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4248 Virginia Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 2159
d. STREET ADDRESS (If rural, give location): 4248 Virginia Ave.

3. NAME OF DECEASED (Type or Print): a. (First) MARIE b. (Middle) S. c. (Last) JEHLE

4. DATE OF DEATH (Month) July (Day) 17, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: December 19, 1863

9. AGE (In years last birthday): 86 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

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

13a. FATHER'S NAME: Don't Know

13b. MOTHER'S MAIDEN NAME: Don't Know

14. NAME OF HUSBAND OR WIFE: Emil C. Jehle

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elsie L. Trudinski 4248 Virginia Ave.

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) Senility — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

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.

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? 79HX

22. *I hereby certify that I attended the deceased from* 6-12, 1950, *to* 7-10, 1950, *that I last saw the deceased alive on* 6-22, 1950, *and that death occurred at* 1:25A. m., *from the causes and on the date stated above.*

23a. SIGNATURE S. A. Nester (Degree or title) D.

23b. ADDRESS 5600 S Compton

23c. DATE SIGNED 7/17/50

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

24b. DATE: 7/19/50

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

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

DATE REC'D BY LOCAL REG. JUL 17 1950

REGISTRAR'S SIGNATURE J. B. Sasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18 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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Joe S. 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.