No. 300
10.48

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

FILED SEP 5 1950
#18347

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28284

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7141

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Missouri
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) St.Louis City Hospital #1

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 3 2039
d. STREET ADDRESS (If rural, give location) 3239 Tennyson Sq. 0

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) HIHN
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) August 20th, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH 8/3/05
9. AGE (In years last birthday) 45 — If under 1 year: Months ___ Days 27 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St.Louis,Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Alexander Hihn
13b. MOTHER'S MAIDEN NAME Ida Dannenberg
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Hihn, 3239 Tennyson Sq. **ADDRESS** St.Louis,Missouri

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Nephrosclerosis
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 Epilepsy with Mental deterioration
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0
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? HX2X

22. *I hereby certify that I attended the deceased from* 8/10/50, 19__ *to* 8/20/50, 19__, *that I last saw the deceased alive on* 8/20/50, 19__, *and that death occurred at* 11:20PM *m., from the causes and on the date stated above.*

23a. SIGNATURE John W. Korbely (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Ave.
23c. DATE SIGNED 8/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 8/23/1950
24c. NAME OF CEMETERY OR CREMATORY Mt.Lebanon Cemetery
24d. LOCATION (City, town, or county) St.Louis.,Co.Mo. (State)

DATE REC'D BY LOCAL REG. AUG 22 1950
REGISTRAR'S SIGNATURE J. Blassler
25. FUNERAL DIRECTOR'S SIGNATURE Jay B.Smith, **ADDRESS** 7456 Manchester Maplewood 17,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 6053

P. O. Address St Louis 10 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.