S. No. 800
EV. 10.48

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43892

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3121

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellisville
c. LENGTH OF STAY (in this place): 10 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 4877
d. STREET ADDRESS (If rural, give location): 716 Summit Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Mathilda
b. (Middle): Johnson
c. (Last): Joachim

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 10, 1884
9. AGE (In years last birthday): 66 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Webster Groves, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Peter Johnson
13b. MOTHER'S MAIDEN NAME: Johanna Lange
14. NAME OF HUSBAND OR WIFE: Harry J. Joachim

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: Edw. A. Johnson
ADDRESS: 465 Bacon Ave Web. Gro.

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) Chronic Myocarditis with Degeneration — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aterio sclerosis of Cornary Arteries — Yrs.
DUE TO (c) Senil Demential — 2 yrs

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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 7-14, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 6:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: Hollis Rhineberger
(Degree or title): D.O.
23b. ADDRESS: 654 N. Kirkwood Rd., Kirkwood 22, Mo.
23c. DATE SIGNED: 12/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-26-50
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KIRKWOOD - MO.

DATE REC'D BY LOCAL REG.: 12/26/50
REGISTRAR'S SIGNATURE: Herbert R. Domke
25. FUNERAL DIRECTOR'S SIGNATURE: MITTLEBERG FUNERAL HOME INC.
ADDRESS: 72 W. Lockwood Ave W.G.

(Licensed Embalmer's Statement on Reverse Side)

Improbable sequence.

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

..... Student Embalmer No. .....,

working under my personal supervision.

Student ..... Student Embalmer

Signed [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.