

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1090  
19251  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6336</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marthasville</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Rural Charotte</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown Rural Charotte</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle)		c. (Last) <u>Tochtermann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 5</u>		8. DATE OF BIRTH <u>Feb. 10, 1885</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John L. Puckl</u> ADDRESS <u>Marthasville Missouri</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u>						<u>50 yr</u>	
		DUE TO (c) <u>Arterio Sclerosis</u>						<u>6 yr</u>	
		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 <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 1939</u> to <u>May 28, 1951</u> , that I last saw the deceased alive on <u>May 27, 1951</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. C. Johnson M.D.</u> (Degree or title)				23b. ADDRESS <u>Marthasville Mo</u>				23c. DATE SIGNED <u>5/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emmaus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marthasville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 28/51</u>		REGISTRAR'S SIGNATURE <u>J. C. Johnson</u>		334		25. FURNERAL DIRECTOR'S SIGNATURE <u>W. F. ...</u> ADDRESS <u>Marthasville, Mo</u>			

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

090  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUN 4 1951

RECEIVED

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 \_\_\_\_\_

*Almont F. Lichtenberg*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.