

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32194**

FILED SEP 21 1951

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 3154
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 470		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9630 Joplin Ave.		e. STREET ADDRESS (If rural, give location) 9630 Joplin Ave.		
3. NAME OF DECEASED (Type or Print) JOHANNA		a. (First) -----	b. (Middle) MUTZU	c. (Last) MUTZU
4. DATE OF DEATH Sept. 14 1951		(Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 2	8. DATE OF BIRTH June, 17, 1856	9. AGE (In years last birthday) 95
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) Roman St. Michael, Hungary	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Pera Alexiu		13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jospeh Mutzu ADDRESS 9630 Joplin Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC-INTERSTITIAL NEPHRITIS		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) MYOCARDITIS		10 yrs
		DUE TO (c) INFECTION-FRACTURE-LEFT-FEMUR		12 wks
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> OLD-AGE, INFIRMITIES				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222			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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN 4, 1941 , to SEPT 14, 1951 , that I last saw the deceased alive on Sept 14, 1951 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) C. Biesemeyer		23b. ADDRESS M.D. 762 Lemay Ferry Rd	23c. DATE SIGNED 9-15-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/17/51	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 9-15-51	REGISTRAR'S SIGNATURE Herbert P. Donk	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chulick Und. Co. 1722 S. Jefferson		

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 *Alex A. Clark*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jeff.*

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.