

38901

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 8- 1951

318

1003

State File No. 10691

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 2 <sup>8</sup> W N		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1				d. STREET ADDRESS (If rural, give location) 1327 S. Broadway			
3. NAME OF DECEASED (Type or Print) JOHAN		a. (First)		b. (Middle)		c. (Last) DAY	
4. DATE OF DEATH 12 2 51		5. SEX M, O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH July 24 <sup>th</sup> 1862		9. AGE (In years last birthday) (Specify) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common		11. BIRTH PLACE (State or foreign country) Litchfield, Kentucky	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTH PLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lesa Durbin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Day 2031 Park 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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u> DUE TO (c) <u>(probable)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? rod X			
22. I hereby certify that I attended the deceased from <u>11-14</u> , 1951, to <u>12-2</u> , 1951, that I last saw the deceased alive on <u>12-2</u> , 1951, and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Glynn M.D.		(Degree or title)		23b. ADDRESS 1515 LAFAYETTE		23c. DATE SIGNED 12/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-3-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Portageville, Missouri	
DATE REC'D BY LOCAL REG. DEC 3 1951		REGISTRAR'S SIGNATURE L. M. Hill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.M. Hill Lilbourn, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 *J. Hill*

Licensed Embalmer No. *2627*

P. O. Address *Lebanon 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.