

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23132

State File No.

No. 300
10-49

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1634

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Creve Coeur</u> <u>4400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Graeser Road</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jonas</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Johns</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 30, 1878</u>	9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Ottawa, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Johns</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Johns</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia L. Johns</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia L. Johns</u>	ADDRESS <u>Creve Coeur, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Prostration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) <u>Senil arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422/F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1946, to June 15, 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Denny, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>6-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-52</u>	REGISTRAR'S SIGNATURE <u>Neubert P. Dombey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blummann Bros. Inc.</u>	ADDRESS <u>2504 Woodson Rd. Overland-14-Mo.</u>
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SW licensed Embalmer's Statement on Reverse Side

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

MS JUL 1 1959

JAN 21 1959

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 *Oscar F. Miller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 14 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.