

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 10 1952

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STE. GENEVIEVE</u> <u>075</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>45 TRIANGLE DR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>45 TRIANGLE DR.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MEINRAD</u> b. (Middle) <u>XAVIER</u> c. (Last) <u>JOHERST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 3 1952</u>			
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>July 3 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER NINE KILNS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NINE MANUFACTURING</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>FRANK K. JOHERST</u>	13b. MOTHER'S MAIDEN NAME <u>THERESA MUESSIG</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE GEILER</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>490-24-5254</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Joherst Ste. Genevieve Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of Stomach</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary leukemia</u>		

19a. DATE OF OPERATION <u>Oct. 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Oesophagus & Stomach</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>151X</u>

22. I hereby certify that I attended the deceased from Sept 1951, to Sept 3, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>9-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>SEPT 6 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING Cem.</u>
DATE REC'D BY LOCAL REG. <u>9-6-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 350	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Genevieve Mo</u>

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

2961
5 1952

SEP 13 1952

APR 15 1953

APR 7 1953

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 Adrian J. Etker

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, La

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.