

# STANDARD CERTIFICATE OF DEATH

 State File No. **11768**  
 Registrar's No. **2941**

FILED APR 4 1953

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) <b>Lifetime</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>1943a Hebert Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>GEORGE</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>JOHANNINGMEYER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 17, 1953</b>	

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 31, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>67</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 YEAR</b> Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dockman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Simpson Express CO</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>George Johannimgeyer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Johannimgeyer</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-03-3933</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Mary Johannimgeyer 1943a Hebert Street</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Squamous Cell Carcinoma of neck</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		_____
<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.	_____		_____

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Ca of neck extending to pericranium of skull</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>1991</b>		

22. I hereby certify that I attended the deceased from 1-24-53, 10 \_\_\_\_\_, to 3-17-53, 10 \_\_\_\_\_, that I last saw the deceased alive on 3-17-53, 10 \_\_\_\_\_, and that death occurred at 3:45A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>James K. Citterlual, M.D.</b>	<b>23b. ADDRESS</b> <b>1515 Lafayette Avenue</b>	<b>23c. DATE SIGNED</b> <b>3-17-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>March 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Galvary Cemetery</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 1-8 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>SUEDMEYER &amp; SON'S 3934 N. 20th Street</b>

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

*Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.