

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23302

State File No. _____

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1577

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND 424 X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2213 BURNS 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHEW</u> b. (Middle) _____ c. (Last) <u>Jehne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 29 1886</u>	9. AGE (In years last birthday) <u>67</u>	10. If under 1 year: Months _____ Days _____	11. If under 1 min. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS CO, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MATHEW JEHNE</u>	13b. MOTHER'S MAIDEN NAME <u>TERESA VIEHMANN</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased Clara Jehne</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; No, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497-094740</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD JEHNE</u> ADDRESS <u>2213 BURNS OVERLAND 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laenne's cirrhosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease with cardiac decompensation</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>5811</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 5-23-1953, to 6-6-1953, that I last saw the deceased alive on 6-6-1953, and that death occurred at 12:35pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund R. Thiele</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>60150 BRENTWOOD CLAYTON MO.</u>	23c. DATE SIGNED <u>6/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FEE FEE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-7-53</u>	REGISTRAR'S SIGNATURE <u>Harold R. Dunkel M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EARL HILLEMANN</u> ADDRESS <u>OVERLAND MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Carl Killeman

Licensed Embalmer No. 3501

P. O. Address Overland 14 7070

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.