U.S. No. 300
Rev. 10-48

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32736

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2140

4000 4

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FENTON - Hy 141
c. LENGTH OF STAY (In this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FENTON HOME FOR AGED

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: [redacted]
c. CITY OR TOWN: ST. LOUIS [redacted]
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 140 FANNIE AVE. 2019

3. NAME OF DECEASED (Type or Print)
a. (First): JOSHUA
b. (Middle): L
c. (Last): VERNON

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB 18, 1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): HEMATITE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN VERNON
13b. MOTHER'S MAIDEN NAME: FIRST UNKNOWN - LOZA
14. NAME OF HUSBAND OR WIFE: BERTHA VERNON - DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MARVIN VERNON - ADDRESS: 9946 MEADOW

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A. S. C. V. Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 8/15, 1954, *to* 9/6, 1954, *that I last saw the deceased alive on* 9/4, 1954, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Huck M.D.
23b. ADDRESS: Fenton, Mo.
23c. DATE SIGNED: 9/7/54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-54
24c. NAME OF CEMETERY OR CREMATORY: New St. Trinity
24d. LOCATION (City, town, or county) (State): Limay

DATE REC'D BY LOCAL REG.: 9/8/54
REGISTRAR'S SIGNATURE: Herbert R. Somke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Leo H. Fieser
ADDRESS: 404 Main St. Fenton, Mo.

(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 embal

by me, or by GERALD J. MAHN, Student Embalmer No. 50

working under my personal supervision.)

Student Gerald J. Mahn Signed Daniel J. Mahn

Signature of Student Embalmer

Licensed Embalmer No. 432

P. O. Address DeSoto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.