

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35510

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9149**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2661 Nebraska Ave.		e. STREET ADDRESS (If rural, give location) 2661 Nebraska Ave.	
3. NAME OF DECEASED (Type or Print) Joseph		4. DATE OF DEATH (Month) (Day) (Year) October 6, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 20, 1883	
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 2 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Ifland		13b. MOTHER'S MAIDEN NAME Anna Sundmacher	
14. NAME OF HUSBAND OR WIFE Lulu Ifland		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Billmeier 3153 Texas Ave.	
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 ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis DUE TO (c) Arricular Fibrillation II. OTHER SIGNIFICANT CONDITIONS Arterio Sclerosis	
INTERVAL BETWEEN ONSET AND DEATH 1 day 13 mos. 4 mos. 2 yrs.		19a. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from Sept 8, 1954 , to Oct 6, 1954 , that I last saw the deceased alive on Oct 1, 1954 , and that death occurred at 11 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. J. ...		23b. ADDRESS 276 ...	
23c. DATE SIGNED 10-8-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10/9/54		24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.	
DATE REC'D BY LOCAL REG. OCT 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith	

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.....
Signature of Student Embalmer

Signed..... *Robert T. Gibbs*

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.