

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 9 - 1956**

**10281**  
State File No. 105

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saint Charles</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u> c. LENGTH OF STAY (In this place) <u>12 weeks</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>  c. CITY OR TOWN <u>Saint Charles</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>321 Monroe</u>	

<b>3. NAME OF DECEASED</b> a. (First) <u>Mathias</u> b. (Middle) <u>J.</u> c. (Last) <u>Johannesman</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 6, 1956</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>March 1, 1900</u>		<b>9. AGE</b> (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>5</u> IF UNDER 11 HRS. Hours <u>  </u> Min. <u>  </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>pipe fitter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Small Arms</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Saint Paul, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>Henry Johannesman</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Luetkenhaus</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lydia R. Kister</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>489-28-4468</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. M. Johannesman, Saint Charles, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of lung</u>  <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>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8 mo</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>163x</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about 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) m.		<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>		

**19a. DATE OF OPERATION** \_\_\_\_\_

<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 1, 1955</u> , to <u>April 6, 1956</u> , that I last saw the deceased alive on <u>April 5, 1956</u> , and that death occurred at <u>7:30 am.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <u>George F. Kister MD</u>		<b>23b. ADDRESS</b> <u>5+ Charles mo</u>		<b>23c. DATE SIGNED</b> <u>4-6-56</u>	

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>April 19, 1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Borromeo Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Saint Charles, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>April 6 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hannie Hamilton</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>H.C. Dalling &amp; Sons Co. St. Charles, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.