

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28617**  
**6954**

**318**

**1003**

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (If in place) <b>40 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2069</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5863 Wabada</b>				d. STREET ADDRESS (If rural, give location) <b>5863 Wabada</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorathe</b> b. (Middle) <b>a Johanningmeier</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 12, 1884</b>		9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <b>Buford MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Fred Drewel</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Rosendahl</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Johanningmeier</b>			
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 <b>Frank Johanningmeier 5863 Wabada</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> <b>Coronary heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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? <b>7-25-56</b> <b>7-25-56</b>			
22. I hereby certify that I attended the deceased from <b>7-24-56</b> to <b>7-25-56</b> , that I last saw the deceased alive on <b>7-25-56</b> , and that death occurred at <b>10A</b> m., from the causes and on the date stated above <b>7-26-56</b>							
23a. SIGNATURE <b>Jas. R. Meador</b> (Dress or title) <b>Jas. R. Meador M.D.</b>				23b. ADDRESS <b>4 S. Central</b> <b>45 Central</b>		23c. DATE SIGNED <b>7-26-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>	
DATE REC'D BY LOCAL REG. <b>JUL 27 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Miceli 1150 No. Kingshighway</b>			

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

*J. W. B. Embler*

Licensed Embalmer No. *3653*

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.