

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. **39510**
Registrar's No. **9229**

No. 300

10-46

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY OR TOWN MEHLVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DECONESS Hosp.				e. STREET ADDRESS (If rural, give location) Rt 8-Box 710 (HERTH R)			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN		b. (Middle) JOSEPH		c. (Last) JOHNER		4. DATE OF DEATH (Month) (Day) (Year) OCT-7-1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-21-1914		9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) 0 ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK P. JOHNER		13b. MOTHER'S MAIDEN NAME CHRISTINE SCHMALIX		14. NAME OF HUSBAND OR WIFE MARIE JOHNER			
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. 487-14-1265		17. INFORMANT'S SIGNATURE OR NAME MRS MARIE JOHNER ADDRESS Rt 8-Box 710 MEHLVILLE, MO			
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) Epidermoid carcinoma of Trachea Epidermoid carcinoma of trachea 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 8 Months	
19a. DATE OF OPERATION 10/10/56		19b. MAJOR FINDINGS OF OPERATION 162x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July , 1956, to 7 Oct , 1956, that I last saw the deceased alive on 7 Oct , 1956 and that death occurred at 4 P m., from the causes and on the date stated above.							
23a. SIGNATURE John Schreiner M.D.				23b. ADDRESS 35 N Central, Clayton		23c. DATE SIGNED 10-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-10-1956	24c. NAME OF CEMETERY OR CREMATORY ASSUMPTION CEM.		24d. LOCATION (City, town, or county) (State) MATTESE MO		
DATE REC'D BY LOCAL REG. OCT 9 1956		REGISTRAR'S SIGNATURE John Schreiner M.D.		25. FUNERAL DIRECTOR'S SIGNATURE FEY FUNERAL HOME		ADDRESS MEHLVILLE, 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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gustav W. Dinter*.....

Licensed Embalmer No. *43*.....

P. O. Address *St Louis*.....

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.