

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44839

STATE FILE NUMBER

FILED JAN 29 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar 11611

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Webster Groves</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Mo. Pac. Hosp.</b>		Length of stay in lb <b>23 hours</b>		d. STREET ADDRESS (If outside, give location) <b>726 E. Pacific Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Joseph Bura Johanning</b>				4. DATE OF DEATH Month <b>12</b> - Day <b>17</b> - Year <b>56</b>			
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>October 5, 1889</b>	
9. AGE (In years last birthday) <b>67</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>		11. IF UNDER 24 HRS. Hours <b>6</b> Min. <b>7</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Loco. Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R.R.</b>		11. BIRTHPLACE (City and state or country) <b>Baker, Mo.</b>	
13. FATHER'S NAME <b>Aug. F. Johanning</b>				14. MOTHER'S MAIDEN NAME <b>Emma Loeffler</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Mrs. Amelia E. Johanning, Groves, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Renewed arteriosclerosis</b> DUE TO (c) <b>Heart</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>420.1</b>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Dec. 16, 1956</b> to <b>Dec. 17, 1956</b> and last saw her alive on <b>Dec. 17, 1956</b> Death occurred at <b>3:35 p. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Dr. B. W. ...</b>				22b. ADDRESS <b>Mo. Pac. Hosp.</b>		22c. DATE SIGNED <b>12-18</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>12/20/1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Liberal Mo.</b>	
24. FUNERAL DIRECTOR <b>Nieburg &amp; Witt, Washington, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>DEC 19 1956</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

NOV 30 1957

5261 R 7051

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 Vernon C. Velder, Student Embalmer No. 53 working under my personal supervision..

Student Vernon C. Velder  
Signature of Student Embalmer

Signed Alvin C. Kibberg

Licensed Embalmer No. 73

P. O. Address Hickory

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.