

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29617

STATE FILE NUMBER

FILED AUG 30 1957

318

1003

7540

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				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) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Maplewood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			Length of stay in 1b <b>8 days</b>		d. STREET (If outside, give location) ADDRESS <b>3405 Oxford Ave.</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOHANNA</b> Middle <b>LOUISA</b> Last <b>JUST</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>10,</b> Year <b>1957</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1-9-1860</b>		9. AGE (In years last birthday) <b>97</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John F. Kollmeier</b>				14. MOTHER'S MAIDEN NAME <b>Unknown Armsmann</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>None</b>		17. INFORMANT Address <b>Mrs. E. L. Boulware, above</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>Ch. myocarditis, senility</b> Conditions, if any, which were contributory to the immediate cause (b) <b>arteriosclerosis</b> Underlying cause (c) <b>Fracture rt. femur</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>Fell down stairs at home</b>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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 step 18.) <b>21</b>				
20c. TIME OF INJURY Hour <b>8-7</b> Month <b>57</b> a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Maplewood</b>			20g. COUNTY <b>Mo.</b>		20h. STATE
21. I attended the deceased from <b>3-14-42</b> to <b>8-10-57</b> and last saw her alive on <b>8-10-57</b> Death occurred at <b>10:00 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. A. Stirling</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>7266 Manchester Ave. Maplewood 17, Mo.</b>		22c. DATE SIGNED <b>8-12-57</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-13-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>JAY B. SMITH, Maplewood, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 13 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>mdb</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Loyon E. Perc...*

Licensed Embalmer No.....

P. O. Address *St. Louis*

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.