

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37035**

FILED OCT 30 1957

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 3058		Registrar's No. 241			
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. CHARLES		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 1106 No. 4TH STR				e. STREET ADDRESS (If rural, give location) 1106 No. 4TH STR. 09230					
3. NAME OF DECEASED (Type or Print) HERMAN C. JOHANNSMEYER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH OCT 15 1957		(Month)		(Day)		(Year)			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH NOV. 11 1907			
9. AGE (In years last birthday) 49		Months 11		Days 4		IF UNDER 1 YEAR If UNDER 12 HRS. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER SELF EMPLOYED				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME CHARLES JOHANNSMEYER		13b. MOTHER'S MAIDEN NAME CAROLINE FLOKEN			
14. NAME OF HUSBAND/OR WIFE ESTHERS. JOHANNSMEYER				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME ESTHER JOHANNSMEYER				ADDRESS ST. CHARLES, MO					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE HEART FAILURE				II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) _____					
				DUE TO (c) _____					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23. SIGNATURE Mareecea Wilson REG. (Degree or title)				23b. ADDRESS 902 HOLLY LANE ST. CHARLES		23c. DATE SIGNED OCT 17-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-18-57		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CATH CEM		24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.			
DATE REC'D BY LOCAL REG. OCT 17-57		REGISTRAR'S SIGNATURE Mareecea Wilson		25. FUNERAL DIRECTOR'S SIGNATURE C. L. Prinster, St. Charles Mo. ADDRESS PRINSTER-HUGHES F.H. INC.					

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

OCT 30 1957

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 Robert M. Murray
Licensed Embalmer No. 3749

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.