

STANDARD CERTIFICATE OF DEATH

3107

STATE FILE NUMBER

FILED FEB 14 1958

318

1003

738

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

300

1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pronounced dead at INSTITUTION City Hospital			Length of stay in 1b		d. STREET ADDRESS 3118 Osceola St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Theodore Middle --- Last Johmann				4. DATE OF DEATH Month Jan. Day 19, Year 1958.					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 23, 1897		9. AGE (In years birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Leopold Johmann			13b. MOTHER'S MAIDEN NAME Mary Henn			14. NAME OF HUSBAND OR WIFE None			
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.		17. INFORMANT Address Miss Louise Johmann 3118 Osceola St.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		E916.016			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in fire in home							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 item 18.) at 3118 Osceola, about 9:06 pm.						
20c. TIME OF INJURY 9:06 p.m. 1 19 58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 15 House						
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo		STATE Ill		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (D, free or title) Catriek Taylor Caravel					22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1.21.58.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Jan. 22, 1958		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Gebken-Benz Mortuary			ADDRESS 2842 Meramec St. St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. JAN 21 58		26. REGISTRAR'S SIGNATURE Paul Smith Mo mxb		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joe B. Benz.....

Licensed Embalmer No. 4249.....
2842 Meramec St.
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.