

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. **58-027802**

FILED JUL 21 1958

BIRTH NO.

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **500**

Registrar's No. **1887**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo Missouri b. COUNTY St. Louis			
b. CITY OR TOWN Normandy		c. LENGTH OF STAY (in this place) 3 1/2 hrs.		c. CITY OR TOWN 4771 Normandy Village	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic		e. STREET ADDRESS (If rural, give location) 3727 Oakmont Drive			
3. NAME OF DECEASED (Type or Print) Joseph Francis Disch		a. (First) JOSEPH	b. (Middle) F.	c. (Last) DISCH	
4. DATE OF DEATH 7-15-58		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 8-31-78		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Pattern Maker		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Francis Disch		13b. MOTHER'S MAIDEN NAME Barbara Schweisz	
14. NAME OF HUSBAND OR WIFE DECEASED Disch		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. 497-10-0518	
17. INFORMANT'S SIGNATURE OR NAME Mrs. T. B. Lowell		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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 3727 Oakmont	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES		5 1/2 hrs	
DUE TO (b) Generalized Atherosclerosis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Yes	
DUE TO (c) Semileth		II. OTHER SIGNIFICANT CONDITIONS		Yes	
Conditions contributing to the death but not related to the disease or condition causing death.		4201			
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 July 15, 1958 , to July 15, 1958 , that I last saw the deceased alive on July 15, 1958 , and that death occurred at 7:50 P. M. , from the causes and on the date stated above.					
22a. SIGNATURE William D. Mauer, Jr.		(Physician or title)		23b. ADDRESS 2301 Ashby Rd St Ann Mo	
23c. DATE SIGNED 7/15/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 18, 1958	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
DATE REC'D BY LOCAL REG. 7-16-58		REGISTRAR'S SIGNATURE Deleest R. Donker, M.D.		ADDRESS 2161 E. Fair Ave.	

WRITE PLAINLY—USING UNFAADING 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 *Clement M. Neuf*

Licensed Embalmer No. *3732*

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.