

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035094
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2363

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Melville		c. CITY OR TOWN Melville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4538 Bellewood		d. STREET ADDRESS (If outside, give location) 4538 Bellewood	
3. NAME OF DECEASED (Type or print) First Middle Last Gus H.F. Johannes		4. DATE OF DEATH Month Day Year September 11, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Mineral Products	11. BIRTHPLACE (City and state or country) St. Louis Missouri
13a. FATHER'S NAME George P. Johannes		13b. MOTHER'S MAIDEN NAME Katherine Stienhauser	14. NAME OF HUSBAND OR WIFE Myrtle G. Johannes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-01-7271	17. INFORMANT Address Mrs. Myrtle Johannes, 4538 Bellewood
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Coronary Arteriosclerosis 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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 Sept 13, 1949 to Sept 11, 1958 and last saw her alive on Sept 9, 1958 Death occurred at 4538 Bellewood on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) Joseph E. Carney M.D.		22b. ADDRESS 906 Olive	22c. SIGNED Sept 12, 1958
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE 9-13-1958	23c. NAME OF CEMETERY OR CREMATORY Old St. Johns	23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
24. TIME & PLACE OF INTERMENT Hornelster Colonial Mortuary, 6464 Chippewa St., St. Louis Mo.		25. DATE RECD. BY LOCAL REG. 9-12-58	26. REGISTRAR'S SIGNATURE Herbert R. Dombek M.D.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broad*

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.