Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003119
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 574

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis, Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis, Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5529 Rhodes Ave. Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5529 Rhodes Ave. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WALTER	Middle C.	Last JOERN	4. DATE OF DEATH Month Day Year Jan. 15,1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Jan. 16,1897
9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Semi-Retd-Tool Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Allegheny Steel	11. BIRTHPLACE (City and state or country) St.Louis,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Joern	13b. MOTHER'S MAIDEN NAME Anna Kirsch	14. NAME OF HUSBAND OR WIFE Elsie C. Joern	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-03-0641	17. INFORMANT Address Elsie C.Joern- 5529 Rhodes Ave.	

MEDICAL CERTIFICATION

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 infarct — INTERVAL BETWEEN ONSET AND DEATH 1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) chronic arteriosclerosis — 5 years

DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12/14/58, to 1/15/59 and last saw ~~her~~ him alive on 1/15/59

Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Eugene A Vogel MD.	22b. ADDRESS 3325 S Grand Bl	22c. DATE SIGNED 1/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan.19,1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum
23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.		
24. FUNERAL DIRECTOR ADDRESS Kriegshauser-4228 S.Kingshighway	25. DATE REC'D BY LOCAL REG. JAN 17 59	26. REGISTRAR'S SIGNATURE J Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 William C White

Licensed Embalmer No. 4291

P. O. Address 4228 Ln Kempsville

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.