

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003120
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 318 Primary Registration District 1003 Registrar's No. 404

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, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		Length of stay in lb 2079 STREET ADDRESS 7147 Vermont (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Augusta J. Johler			4. DATE OF DEATH Jan. 9, 1959		
First	Middle	Last	Month	Day	Year

5. SEX female	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 20, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Victor Lorenz	14. MOTHER'S MAIDEN NAME Ann Low
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. unk	17. INFORMANT St. Louis, Mo. Chas. A. Johler, Sr. 7147 Vermont,
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pulmonary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auricular fibrillation	
	DUE TO (c) Hypertensive heart disease 443XH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Ca of return		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 11-1-58 to 1-9-59 and last saw her alive on 1-9-59 Death occurred at 11:23 P m on the date stated above; and to the best of my knowledge, from the causes stated
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22a. SIGNATURE Green V. Trevelius M.D.	22b. ADDRESS 75, Leecey, Ferry St	22c. DATE SIGNED 1.12.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-13-59	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Luthern	23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
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24. FUNERAL DIRECTOR'S ADDRESS Southern Funeral Home 8322 S. Grand, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JAN 13 '59	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Carer cannot certify to a death due to natural causes.

Dr. Creelius
752 Lemay Ferry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Van Hassen*.....
Licensed Embalmer No. *40*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.