THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011841

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 720

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St John's Village — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8674 North Ave., — Length of stay in 1b 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. John's Village 4201 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8674 North Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Oscar Middle William Last Johannaber

4. DATE OF DEATH Month March Day 17 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 15, 1892
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 0 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Truxton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Johannaber
13b. MOTHER'S MAIDEN NAME Caroline Thee
14. NAME OF HUSBAND OR WIFE May Curtis Johannaber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-28-6865
17. INFORMANT Mrs. May Curtis Johannaber, Address 8674 North Ave., St. John's Village Mo.

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) chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 15 yrs
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) 4222
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 Dec 15/58, to and last saw him alive on March 17/59
Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. S. Homan MD.
22b. ADDRESS 8641 Moran Ave
22c. DATE SIGNED Mar 17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
23d. LOCATION (City, town, or county) (State) Marthasville, Missouri

24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. ADDRESS Washington, Mo. L. H. Vitt.
25. DATE RECD. BY LOCAL REG. 3-17-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.