

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **2233** -60-029090

FILED **VS** AUG 8 1960 Registration District No. **317** Primary Registration District No. **546** Registrar's No. **2033** STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Length of stay in 1b 40 yrs	c. CITY OR TOWN Overland Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 909 Frost (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Jehling Last			4. DATE OF DEATH Month July Day 25 Year 1960		
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 1/8/90	9. AGE (last birthday) 70	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired mill worker		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Red Bud, Ill.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Jehling		13b. MOTHER'S MAIDEN NAME Lena Lingerman		14. NAME OF HUSBAND OR WIFE Margaret Jehling	
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.		17. INFORMANT Address Margaret Jehling 909 Frost	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH Instant Instant years
IMMEDIATE CAUSE (a) Coronary artery thrombosis			
DUE TO (b) myocardial infarction			
DUE TO (c) arteriosclerosis - diabetes			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year		
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

21. I attended the deceased from **July 25-1960** and last saw **live on July 25-1960**
Death occurred at **10:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A.P. Williams (Degree or title)	22b. ADDRESS 18426 Lackland	22c. DATE SIGNED 7-25-60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/28/60	23c. NAME OF CEMETERY OR CREMATORY Calvary
24. FUNERAL DIRECTOR ADDRESS Ortmann F Home 9222 Lackland Overland Mo		23d. LOCATION (City, town, or county) St. Louis, Mo.

25. DATE RECD. BY LOCAL REG. 7-26-60	25. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.