

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035303

FILED VS. SEP 22 1960 / 62

Registration District No. \_\_\_\_\_ Primary Registration District No. 5594 Registrar's No. 106

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC</u>		Length of stay in 1b <u>12 DAYS</u>	c. CITY OR TOWN <u>MEHLVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt 8 Kerth Rd</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>P.</u> Last <u>JOHNER</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>8</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 27 - 1913</u>	9. AGE (last birthday) <u>77 (years)</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ADAM JOHNER</u>		13b. MOTHER'S MAIDEN NAME <u>MAGALINE HINE</u>	14. NAME OF HUSBAND OR WIFE <u>SCHMALT 2 CHRISTINA</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>Dr. Ruh - St. Joseph's Hill Infirmary</u> Address <u>Everett</u>		
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
IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>					<u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebroatherosclerosis</u>					
DUE TO (c) <u>Generalized arteriosclerosis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Aortic Aneurysm</u>					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 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 <u>August 27<sup>th</sup> 60</u> <u>9/8/60</u> and last saw her/him alive on <u>9/1/60</u> . Death occurred at <u>10<sup>00</sup> am</u> <u>9/8/60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Patrick C. Hogan MD</u>			22b. ADDRESS <u>2623 Telegraph Rd Lemoore 25</u>		22c. DATE SIGNED <u>9/8/60</u>
23a. BURIAL, CREMATION, OR MOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/12/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cem</u>	23d. LOCATION (City, town, or county) <u>St Louis 3</u>	(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Fay Funeral Home</u> ADDRESS <u>St. Mary Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 23 1960

**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

*Gustav W. Richter*

Licensed Embalmer No. 432

P. O. Address St Louis

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