

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019796
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1297

FILED MAY 22 1961

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| 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 Kirkwood | Length of stay in 1b DOA | c. CITY OR TOWN St. Louis 27, | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 13100 W. Watson |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First ALBERT Middle J. Last JOHNER | 4. DATE OF DEATH Month May Day 6, Year 1961 |
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| 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 10/5/06 | 9. AGE (last birthday) 54 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter | 10b. KIND OF BUSINESS OR INDUSTRY Bldg. Trades | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Frank Johner | 13b. MOTHER'S MAIDEN NAME Christine Schmaltz | 14. NAME OF HUSBAND OR WIFE Cora Johner |
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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 | 17. INFORMANT Mrs. Cora Johner, 13100 W. Watson, St. Louis 27 Mo. |
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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) Coronary Occlusion | INTERVAL BETWEEN ONSET AND DEATH hr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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| 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 St. Louis | COUNTY _____ STATE _____ |
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| 21. I attended the deceased from 11-25-40 to 5-6-61 and last saw her/him alive on 12-27-60 Death occurred at 5-6-61 3 p. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>Blomworth A. Watrous MD</i> | 22b. ADDRESS 8540 Big Bend | 22c. DATE SIGNED 5-8-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/10/61 | 23c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery | 23d. LOCATION (City, town, or county) St. Louis | (State) Mo. |
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| 24. FUNERAL DIRECTOR Louis H. Proffner, Kirkwood, Mo. | 25. DATE RECD. BY LOCAL REG. 5-9-61 | 26. REGISTRAR'S SIGNATURE <i>John C. Mumfley M.D.</i> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Francis J. [Signature]

Licensed Embalmer No. 4512

P. O. Address Richard, 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.