

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030834

STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 7772

Registration District No. FILED AUG 28 1961

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4984 Tyrolean				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Cammilla Johanningmeier						4. DATE OF DEATH Month Day Year August 20 1961					
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 4, 1890		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salad Chef				10b. KIND OF BUSINESS OR INDUSTRY Hullings		11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Charles P Heppe				13b. MOTHER'S MAIDEN NAME Elizabeth Rapp				14. NAME OF HUSBAND OR WIFE Ernst Johanningmeier, Deceased			
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 Carl E Johanningmeier 4602 Oldenburg					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EDEMA AND PLEURAL EFFUSION</u> DUE TO (b) <u>CARDIAC INSUFFICIENCY</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.										INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 1 MONTH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA METASTATIC TO LIVER. PRIMARY SITE RECTOSIGMOID.</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) 4200H							
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 17, 1961</u> to <u>AUGUST 20, 1961</u> and last saw her <u>him</u> alive on <u>AUGUST 20, 1961</u> Death occurred at <u>10:38</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>August V. Henschel, M.D.</u> (Degree or title)						22b. ADDRESS <u>4401 Hampton Ave</u>			22c. DATE SIGNED <u>8/21/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/23/61		23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery			23d. LOCATION (City, town, or county) St Louis County Mo.				
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. AUG 21 1961		26. REGISTRAR'S SIGNATURE <u>Carl Smith: M.D.</u>					

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Bravos

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.