

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39708**
Registrar's No. **10918**Registration District No. **318**Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 15 days (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT
FULL NAMEJohn Distler3. (b) If veteran,
name warUnknown3. (c) Social Security
No. Unknown4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
Divorced Widowed6. (b) Name of husband or wife
Marine Distler 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased January 15 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 10 22 hr. min.9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed

11. Industry or business _____

12. Name George Distler13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Mary Roth15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant Geraldine Seaman(b) Address Mt. Wash. Cincinnati, Ohio.17. (a) Burial (b) Date thereof 12/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Albert H. Hoppe, Inc(b) Address 4700 Washington Blvd.19. (a) DEC 10 1943 (b) J. Bredeck
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
 (If rural, give location)
 (d) Street No. 6207 West Park Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1943 hour 3:50 minute A. M.21. I hereby certify that I attended the deceased from November
22nd, 1943, to December 7th, 1943
that I last saw him alive on December 7th, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia, Lobar Duration _____

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Refused

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e). Means of injury _____

23. Signature L. Kneznek (M. D. or other) 12/7/43
Address 1515 Lafayette Ave. Date signed _____

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Albert G. Koffa

Licensed Embalmer No..... *2971*

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 this body is not embalmed, fact should be so stated above.