

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20907

#98139

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4932

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS 23 - 220 Lam. Str.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) SCOTT	b. (Middle)	c. (Last) COUNTERMAN	4. DATE OF DEATH (Month) (Day) (Year) June 4th, 1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 3-4-1898	9. AGE (In years) last birthday 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator (mach)		10b. KIND OF BUSINESS OR INDUSTRY Hager Co.		11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Lewis Wenterman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 301-08-5808		17. INFORMANT'S SIGNATURE OR NAME Julia Counterman	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub acute bacterial endocarditis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HARD	
22. I hereby certify that I attended the deceased from 6/3/49, 19, to 6/4/49, 19, that I last saw the deceased alive on 6/4/49, 19, and that death occurred at 7:45 PM from the causes and on the date stated above.					
23a. SIGNATURE Joseph J. Muenster, M.D.		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 6/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-7-49		24c. NAME OF CEMETERY OR CREMATORY Mount Hope St. Louis County Mo	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE Allen W. McLaughlin		24f. ADDRESS 2301 Lafayette	
DATE REC'D BY LOCAL REG. JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		FUNERAL DIRECTOR'S SIGNATURE Allen W. McLaughlin	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed _____

R R Cooper
Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.