

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25569

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3064</u> Registrar's No. <u>1569</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u> <u>96</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 Short Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>216 Short Ave.,</u> <u>20</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u>		b. (Middle)		c. (Last) <u>DISTLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1949.</u>					
5. SEX <u>Male</u> ✓	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 25, 1863.</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days
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		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>? Distler</u>		13b. MOTHER'S MAIDEN NAME <u>Unkown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Distler Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theordia J. Distler 2805 Lyndhurst</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>chronic nephritis</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10-9-47 to 7-3-49</u> <u>1945</u> <u>1938</u> <u>592X</u>
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) (STATE)	
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	
22. I hereby certify that I attended the deceased from <u>10-9-1947</u> to <u>7-3-1949</u> , that I last saw the deceased alive on <u>7-3-1949</u> , and that death occurred <u>2:15 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson M.D.</u>		23b. ADDRESS <u>Ferguson Mo</u>		23c. DATE SIGNED <u>7/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6/49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cem.,</u>	
				24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-49</u>		REGISTRAR'S SIGNATURE <u>Dorothy M. [unclear]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>	

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

Dr. Roy Johnson
Ferguson, Mo.

Stewart 0430

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

Albert W. Hopp

Licensed Embalmer No.

2971

P. O. Address

St Louis

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.