

No. 300
10.48

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25696

96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 11667

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis <u>96</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3818 Manola	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3818 Manola			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) F.	
c. (Last) Mitschler		4. DATE OF DEATH July 13th, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1873
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR 2 Months	IF UNDER 24 HRS. 22 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Siering		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Late John Mitschler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Martin		ADDRESS 3818 Manola, Pine Lawn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Chronic Gastroenteritis	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) as stated above	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS as stated above	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION May 14 1949	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 4/18-49 to July 13, 1949 , that I last saw the deceased alive on July 14, 1949 , and that death occurred at 5:30P m., from the causes and on the date stated above.			
23a. SIGNATURE M. F. Hamann MD (Degree or title)		23b. ADDRESS 2739 1/2 Grand	
23c. DATE SIGNED 7/15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/16/49	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. 7-15-49	REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz ADDRESS 4828 Natural Bridge Blvd.

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 John A. Melina

Licensed Embalmer No. 4186

P. O. Address St. Louis 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 this body is not embalmed, fact should be so stated above.