

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14421

State File No. ....

FILED APR 25 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 3311

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3311	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>Osage City</i>		d. STREET ADDRESS (If rural, give location) <i>Gen Del</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pac. Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>Gen Del</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Peter</i>		b. (Middle) <i>John</i>		c. (Last) <i>Joannes</i>	
4. DATE OF DEATH		(Month) <i>4</i>		(Day) <i>7</i>		(Year) <i>52</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>3-28-1889</i>	
9. AGE (In years last birthday) <i>63</i>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Section Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad Mo Pac</i>		11. BIRTHPLACE (State or foreign country) <i>Bonnots Mill, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Emile Joannes</i>		13b. MOTHER'S MAIDEN NAME <i>Theresa Lartonix</i>		14. NAME OF HUSBAND OR WIFE <i>Etta</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-14-7451</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Etta Joannes, Osage City, Mo.</i>			
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) <i>Carcinoma Prostatic &amp; Metastases</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>177X</i>					
22. I hereby certify that I attended the deceased from <i>2 Feb 1952</i> to <i>7 Apr 1952</i> , that I last saw the deceased alive on <i>7 Apr 1952</i> , and that death occurred at <i>3:15 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Mo Pac Hosp.</i>		23c. DATE SIGNED <i>7 Apr 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>4-7-52</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>Bonnots Mill, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>APR 8 1952</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>			

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

APR 25 1953

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 *J. W. Bentley* .....

Licensed Embalmer No. *3653* .....

P. O. Address *24 Davis Rd* .....

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.