

FILED APR 18 1955

1003

3025

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 6424 Oakland Ave. 2049			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) CINNATER		c. (Last)	
4. DATE OF DEATH Apr. 4 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28, 1878		9. AGE (In years last birthday) 76		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Dolan Realty Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Cinnater		13b. MOTHER'S MAIDEN NAME Mary Unknown		14. NAME OF HUSBAND OR WIFE Mary J. Cinnater		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 495-14-7505		17. INFORMANT'S SIGNATURE OR NAME Mary J. Cinnater		17. ADDRESS 6424 Oakland Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		DUE TO (b) Bleeding Duodenal Ulcer				4 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				4 days	
II. OTHER SIGNIFICANT CONDITIONS Perforation of Ant. Duodenal Ulcer 2 wks prior to b)		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 3/4 & 3/15		19b. MAJOR FINDINGS OF OPERATION 3/4/55 Perforation of Ant. Ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3/15/55 Hemorrhage from Posterior Duodenal Ulcer		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? 5411			
22. I hereby certify that I attended the deceased from 3/4/1955 to 4/3/1955 , that I last saw the deceased alive on 4/3/1955 , and that death occurred at 5:00A m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) _____		23b. ADDRESS 7430 Virginia St. Louis 11, Mo.		23c. DATE SIGNED 4-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. APR 4 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl	

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

VS APR 25 1960

MAY 10 1960

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..... Signature of Student Embalmer

Signed *Edwin A. M. Dermott*

Licensed Embalmer No. 3028

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.