

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **46182**  
Registrar's No. **12332**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>	c. CITY OR TOWN <b>St Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Incarinate Word Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>732 No. Kingshighway</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>H. Painter</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22 1957</b>		
5. SEX <b>C</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 2 1897</b>	9. AGE (In years last birthday) <b>60</b>	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electrux Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wright City Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jonathan Painter</b>		13b. MOTHER'S MAIDEN NAME <b>Lizze Peters</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Bockhorst Painter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give year or dates of service) <b>World War 1</b>	16. SOCIAL SECURITY NO. <b>1488-10-5994</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Marie Painter St Charles Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral massive pulmonary embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral accident</b> DUE TO (c) <b>Hypertensive heart disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443K</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 Min.</b>  <b>11 days</b>  <b>15 yrs.</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>Dec. 10, 1957</b> , to <b>Dec. 22, 1957</b> , that I last saw the deceased alive on <b>Dec. 21, 1957</b> , and that death occurred at <b>1:50 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. Wm. Strauchen</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>337 W. Lockwood, Webster Groves</b>		23c. DATE SIGNED <b>12/23/57</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 24 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wright City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 23 57</b>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St Charles Mo.</b>			

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

JAN 14 1958

**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.....  
*Arthur C. Bone*

Licensed Embalmer No. *31471*

P. O. Address *St. Charles*

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.