

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0049764

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12403**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 11 1968

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 4 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) 7708 Murdoch	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles David D IAHN</b>		4. DATE OF DEATH Month Day Year <b>Dec. 31 1967</b>	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired meat cutter		10b. KIND OF BUSINESS OR INDUSTRY Meat	9. AGE (last birthday) 84
13a. FATHER'S NAME William Iahn		13b. MOTHER'S MAIDEN NAME Isabell Ellis	11. BIRTHPLACE (City and state or country) Valles Mines, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-05-0257	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Mrs. Dorothy McDonald, 1721 Simpson		14. NAME OF HUSBAND OR WIFE Laura H. Iahn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) <b>Arteriosclerotic heart disease</b>			5 yrs.
DUE TO (c) <b>Diabetes mellitus</b>			10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral arteriosclerosis, prostatism</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>260x</b>	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Dec. 28, 1967</b> to <b>Dec. 31, 1967</b> and last saw him alive on <b>Dec. 31, 1967</b> Death occurred at <b>9:15 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H.R. Roberts</b> (Degree or title) <i>H.R. Roberts</i>		22b. ADDRESS <b>BARNES HOSPITAL</b>	
22c. DATE SIGNED <b>Dec 31 1967</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-3-1968	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b> 6464 Chippewa, St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. <b>JAN 2 1968</b>	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Eric C. Bruner

Licensed Embalmer No. 4764

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