FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 18137

Primary Registration District No. 1003

Registrar's No. 4535

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Calumet Hotel 611 N. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 611 N. Jefferson Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Miss Johnnie Washington

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5 (Month) 30 (Day) 1921 (Year)

8. AGE: Years 27 Months 11 Days 14 If less than one day hr. min.

9. Birthplace New Edbud (City, town, or county) Ark. (State or foreign country)

10. Usual occupation maid

11. Industry or business

MOTHER FATHER

12. Name Jean Disnute

13. Birthplace Magnolia (City, town, or county) Ark. (State or foreign country)

14. Maiden name Judie Marks

15. Birthplace New Edbud (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Mrs Ella Murphy

(b) Address 826 N. 23rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) MAY 15 1948 (Date received local registrar) (b) J. F. Bracek (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 14th year 1948 hour 5 30 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Encephalitis | |
| Due to Non-Epidemic | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 5/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Frederic

**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.**