S. No. 300
v. 10.48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2815

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY --
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Mary Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Michigan
b. COUNTY Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Detroit
d. STREET ADDRESS (If rural, give location) 4448 24th Street

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) Gloria c. (Last) Johnson Hooper
4. DATE OF DEATH (Month) (Day) (Year) January 1, 1949
5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 1, 1925
9. AGE (In years last birthday) 24 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY as given 10a
11. BIRTHPLACE (State or foreign country) Ennis Texas
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Johnson
13b. MOTHER'S MAIDEN NAME Lee Bertha Barnes
14. NAME OF HUSBAND OR WIFE Isaac Hooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. not given
17. INFORMANT'S SIGNATURE OR NAME Isaac Hooper ADDRESS Detroit, Michigan

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Myelitis of Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

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.* Bilateral Hypostatic congestion of lungs — 3 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) neither
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) -- m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? --

22. *I hereby certify that I attended the deceased from* 12/24, 1948, *to* 1/1, 1949, *that I last saw the deceased alive on* 1/1, 1949 *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS 3507 Franklin Ave.
23c. DATE SIGNED 1/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/4/49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Ennis (State) Texas

DATE REC'D BY LOCAL REG. 1-3-49
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates ADDRESS 4107 Finney Ave.

(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 Paul V. Freeman, Student Embalmer No. 276, working under my personal supervision.

Student Paul V. Freeman
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4259

P. O. Address 4107 [illegible]

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.