

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2854

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. #9-Jan.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6907 S. Bldway.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-1-81</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>Wesley Washburn</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Durham</u>	
14. NAME OF HUSBAND OR WIFE <u>William Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bert Ladage</u>		ADDRESS <u>7206 Virginia</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Gangrenous Small Bowel Obstruction</u> <u>(b) Ruptured R. Hydronephrotic Cyst</u> <u>(c) Rt. Hydronephrosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral Pulmonary Congest. Edema</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		21. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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?	
22. I hereby certify that I attended the deceased from <u>12-28-48</u> to <u>1-1-49</u> , 19____, that I last saw the deceased alive on <u>1-1-49</u> , 19____, and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Horace A. Lewis, Jr.</u>		23b. ADDRESS <u>1325 S. Grand (4)</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		23d. DATE SIGNED <u>2 Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 / 4 / 49</u>	24c. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>	
24d. DATE REC'D BY LOCAL REGISTRAR <u>JAN 3 1949</u>	24e. REGISTRAR'S SIGNATURE <u>J. H. Lassiter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fondler and Co.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>7420 Michigan Ave.</u>	

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 1053

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 this body is not embalmed, fact should be so stated above.