No. 300
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FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6943

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 376

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 628 N. ELM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis 91
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 17 7 11 1
d. STREET ADDRESS (If rural, give location): 628 N. ELM 0

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Beard
c. (Last): Johnson

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1949

5. SEX: F 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 18 1877
9. AGE (In years last birthday): 71 — If under 1 year: Months 2, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Clarks Sta. Ky.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Washington Shouse
13b. MOTHER'S MAIDEN NAME: Caroline Allen
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Josiphine Lowe — ADDRESS: 628 N Elm

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, right lower lobe — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 491X
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinson's Disease — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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):

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* Nov. 20, 1947, *to* Feb. 14, 1949, *that I last saw the deceased alive on* Jan. 14, 1949, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James B Jones — (Degree or title): M. D. O
23b. ADDRESS: 337 N. Lockwood, Webster Groves 19 Mo.
23c. DATE SIGNED: Feb. 14, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/49
24c. NAME OF CEMETERY OR CREMATORY: Father Dixon
24d. LOCATION (City, town, or county): St Louis Co — (State): Mo

DATE REC'D BY LOCAL REG.: 2-17-49
REGISTRAR'S SIGNATURE: Thomas C Lunnigan MD
25. FUNERAL DIRECTOR'S SIGNATURE: Susie C Lewis — ADDRESS: 22 Euclid

(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 A. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow Ave

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.