

FILED APR 15 1949

## STANDARD CERTIFICATE OF DEATH

10225

State File No. ....

3004

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. ....		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>000</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>			c. LENGTH OF STAY (In this place) <u>0</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>			d. STREET ADDRESS (If rural, give location) <u>1307 N. 20th ST</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				3. NAME OF DECEASED a. (First) <u>Ida Jo</u>		b. (Middle)		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Y</u>		8. DATE OF BIRTH <u>12-15-1888</u>		9. AGE (In years last birthday) <u>60</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Coffeyville, Miss</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>UNKNOWN</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				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 ADDRESS <u>Joe Johnson 1307 N. 20th ST</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* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undet.</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>3-28</u> , 19 <u>49</u> , to <u>3-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>49</u> , and that death occurred at <u>7:06 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Wesley L. Daniels</u> (Degree or title) <u>M. D.</u>					23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>3-31-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>			24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL <u>APR 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Robinson &amp; Sons</u>			ADDRESS <u>2216 Dickson</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 .....  
Student Embalmer

Signed *Leroy El Gannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Ector 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.