

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17555

State File No. 4498

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If location of residence before admission) a. STATE MISSOURI b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis Normandy			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				STREET ADDRESS (If rural, give location) 2221 Colfax Dr. 1			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) G.		c. (Last) NORTHERN		4. DATE OF DEATH (Month) (Day) (Year) MAY 20 - 1949
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH NOV. 24 - 1872		9. AGE (In years last birthday) 76 yrs.	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED R.R.	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) TENNESSEE			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME NORTHERN UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Northern ADDRESS 2221 Colfax Dr.			
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) Arteriosclerotic heart disease 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.				INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
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) 935			
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 4200			
22. I hereby certify that I attended the deceased from 11/10, 1948 to 5/20, 1949 , that I last saw the deceased alive on 5/20, 1949 and that death occurred at 5:50 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) David O. Fish M.D.				23b. ADDRESS 634 S. Grand		23c. DATE SIGNED 5/20/49	
24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) BURIAL		24b. DATE MAY 23 - 49	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, CTY. MO.		
DATE REC'D BY LOCAL REG. MAY 21 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Ave			

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.

Student
Student Embalmer

Signed

Joseph B. Vollmer

Licensed Embalmer No. _____

P. O. Address _____

*218 1/4
3125 Lafayette*

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.