

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24524

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis City	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 1M., 27das		d. STREET ADDRESS (If rural, give location) 5544 Etzel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) O.. c. (Last) JOHNSON			4. DATE OF DEATH July 11, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	
8. DATE OF BIRTH August 4, 1873		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 11 Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q Railroad		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Robert Johnson		13b. MOTHER'S MAIDEN NAME Amanda Bullock		14. NAME OF HUSBAND OR WIFE Minnie Foddrill	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uterine cancer - Generalized</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senile Psychosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of Rt. Femur 6-10-49				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 450.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital Ward		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Twnshp. St. Francois Mo.	
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21d. TIME OF INJURY June 10, 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell on bathroom floor.	
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22. I hereby certify that I attended the deceased from May 14, 1949, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 2:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>Esther Rudloff</i> (Degree or title) M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 7-12-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenhill Cem.		24d. LOCATION (City, town, or county) (State) Bedford, Indiana, 18th & M.	
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DATE REC'D BY LOCAL REG. July 13, 1949		REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sherwood & Ferguson, 1802 I. St. Bedford, Indiana.	
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(Licensed Embalmers' Statement on Reverse Side)

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

949

67612 6 JULY

RECEIVED 8-1-49

District Health Officer No. 4

District File Number 849-10

Date Filed

AUG 20 1952

AUG 19 1952

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 *A. J. Cozart*

Signed Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, N.C.

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.