

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28211
State File No. 7156
Registrar's No.

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 institution: residence before admission). a. STATE Mo				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS 3736 Page									
3. NAME OF DECEASED (Type or Print) a. (First) Leona			b. (Middle)			c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) August 13, 1949				
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 14, 1882		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 29	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East St. Louis, Ill.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				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) No.				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorthella Lewis 3736 Page							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hydro Pneumothorax ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Pleural Effusion DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 2 Mos Undet. Undet.			
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) 9th								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4500								
22. I hereby certify that I attended the deceased from 6-17, 1949, to 8-13, 1949, that I last saw the deceased alive on 8-13, 1949, and that death occurred at 9:50a m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) James J. Sedrick, D.O.				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 8-15-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/49		24c. NAME OF CEMETERY OR CREMATORY St. Peters			24d. LOCATION (City, town, or county) (State) St. Louis, Missouri						
DATE REC'D BY LOCAL REG. AUG 16 1949		REGISTRAR'S SIGNATURE J. B. Jasater				25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce			ADDRESS 1221 N. Grand				

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

Jm

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 *Jeffrey B. Cooper*

Licensed Embalmer No. *4600*

P. O. Address *1221 E. 5th*

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.