

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21664

FILED JUL 13 1950.

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1003

State File No. _____

5794

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2219 d. STREET ADDRESS (If rural, give location) 2643 Lucas Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Betie		b. (Middle)		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) 7 2 50	
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3 29 1896	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (State or foreign country) Missippia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Mackie McMillian		13b. MOTHER'S MAIDEN NAME Hana McMillian		14. NAME OF HUSBAND OR WIFE John Johnson			
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 John Johnson 2643 Lucas Ave			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia & Empyema INTERVAL BETWEEN ONSET AND DEATH 3 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) = DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 492X			
22. I hereby certify that I attended the deceased from June 1, 1950 to July 2, 1950 , that I last saw the deceased alive on July 2, 1950 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter A Young				23b. ADDRESS 2337 Market		23c. DATE SIGNED 7/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. JUL 5 1950		REGISTRAR'S SIGNATURE J. D. Pasator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rebecca L. Toney 3129 Lucas			

(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.

Student
Student Embalmer

Signed Fulton E. Calkins

Licensed Embalmer No. 4198

P. O. Address St Louis 13. Mo

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.