

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21668

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5278

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place township) 86 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229		d. STREET ADDRESS (If rural, give location) 1909 Papin 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL										
3. NAME OF DECEASED (Type or Print) a. (First) Lottie			b. (Middle) Lee		c. (Last) Gordon Johnson		4. DATE OF DEATH (Month) (Day) (Year) June 14, 1950			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 12/16/1913		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 100 HRS. Min. 36		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress			10b. KIND OF BUSINESS OR INDUSTRY Tea Room		11. BIRTHPLACE (State or foreign country) Miss. 1			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Penner				13b. MOTHER'S MAIDEN NAME Nannie Chester			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No			16. SOCIAL SECURITY NO. 337180665		17. INFORMANT'S SIGNATURE OR NAME Rose Green 106 Highland				ADDRESS	
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Blockage of ureters from carcinoma of cervix 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) 1771					
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?					
22. I hereby certify that I attended the deceased from March 20, 1950 , to June 14, 1950 , that I last saw the deceased alive on June 14, 1950 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) F. H. Kessler M.D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 6/14/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/50		24c. NAME OF CEMETERY OR CREMATORY Booker Washington			24d. LOCATION (City, town, or county) (State) Centreville Twp. Ill.			
DATE REC'D BY LOCAL REG. JUN 16 1950 REG.		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. M. C. Green 2517 Laclede Ave					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.