No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1950

State File No. 24448

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 60+7 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wentzville, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2119
d. STREET ADDRESS (If rural, give location) 2401 Cora Avenue 1

3. NAME OF DECEASED (Type or Print)
a. (First) Anne
b. (Middle) Vivian
c. (Last) Johnson

4. DATE OF DEATH (Month) July (Day) 2, (Year) 1950

5. SEX Female 2
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH March 7, 1909
9. AGE (In years last birthday) 41 — If under 1 year: Months 8, Days 25 — If under 24 hrs.: 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) Little Rock, Arkansas 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas Berry
13b. MOTHER'S MAIDEN NAME Mattie Carter
14. NAME OF HUSBAND OR WIFE Alonzo Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Doris Wright **ADDRESS** 2401aCora Avenue

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auto accident

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 092
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40&61
21c. (CITY, TOWN, OR TOWNSHIP) Quiver (COUNTY) St.Charles. (STATE) Mo.
21d. TIME OF INJURY (Month) 7 (Day) 2 (Year) 50 (Hour) 6P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car ran off highway

22. *I hereby certify that I attended the deceased from* Held inquest July, 2, 1950, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Morris Murphy **(Degree or title)** Coroner
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED 7-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 6, 1950
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. July 16 1950
REGISTRAR'S SIGNATURE Martin F Duff 408
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce **ADDRESS** 1221 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1950

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 Lawrence Crooms

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1212 N Grand

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.