.S. No. 300
EV. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28334

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7465

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
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): Peoples Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. St. Louis 8120
d. STREET ADDRESS (If rural, give location): 25 1718 Market Avenue 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lenora
b. (Middle):
c. (Last): Johnson

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 30, 1950

**5. SEX**: Female 3
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widow 2
**8. DATE OF BIRTH**: Aug. 14, 1896
**9. AGE** (In years last birthday): 54 — IF UNDER 1 YEAR: Months 0, Days 16 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: At home
**11. BIRTHPLACE** (State or foreign country): Memphis, Tennessee 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Albert Smith
**13b. MOTHER'S MAIDEN NAME**: Sarah ?
**14. NAME OF HUSBAND OR WIFE**: ———

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Johnie B. Smith — ADDRESS: 1718 Market

**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): Secondary Anemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Nephritis - Interstitial — 6 mos
DUE TO (c): Arteriosclerotic Heart Disease — 6 mos

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death*: Decubitus Ulcers — 2 wks

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* 1-12, 1950, *to* 8/30, 1950, *that I last saw the deceased alive on* 8/30, 1950, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. Malkin, MD
**23b. ADDRESS**: Nov 2 Bldg E. St. Louis, Ill
**23c. DATE SIGNED**: 8/31/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 5
**24b. DATE**: Sept. 1 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Bunker Washington
**24d. LOCATION** (City, town, or county) (State): E. St. Louis, ~~Missouri~~ Ill.

**DATE REC'D BY LOCAL REG.**: SEP 1 1950
**REGISTRAR'S SIGNATURE**: J. B. Sasatez
**25. FUNERAL DIRECTOR'S SIGNATURE**: ~~3847 Page Blvd~~ C. T. Nash — ADDRESS: 3847 Page

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. T. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 2437.

P. O. Address 3847 Page Blo.

**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.