

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42428
State File No. 10696

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|-----------------------------------|--|------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) 15 ^{OR} TOWN St. Louis | 2159 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3155a Meramec St. | | d. STREET ADDRESS (If rural, give location) 3155a Meramec St. | |

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|--|------------------------|---|---|-------------------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print) Helen Johnson | | | 4. DATE OF DEATH December 13, 1950 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced | 8. DATE OF BIRTH August 8, 1887 | 9. AGE (In years last birthday) 63 | 10. UNDER 1 YEAR Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosue Work | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Charles Miller | 13b. MOTHER'S MAIDEN NAME Don't Know | 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. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Baranowski |
| | | ADDRESS 6220 Pennsylvania |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Coronary Arteriosclerosis, Atherosclerosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR H/A |

22. I hereby certify that I attended the deceased from 5 Jan 1950, to 13 Dec 1950; that I last saw the deceased alive on 13 Dec 1950, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

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|---|---------------------------|---|
| 23a. SIGNATURE Helen S. Susanna (Degree or title) | 23b. ADDRESS 4205 Keginia | 23c. DATE SIGNED 17 Dec 50. |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/16/50 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri |

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|--------------------------------------|-------------------------------------|--|------------------------|
| DATE REC'D BY LOCAL REG. DEC 15 1950 | REGISTRAR'S SIGNATURE J. B. Karater | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary 2842 Meramec St. | ADDRESS St. Louis, Mo. |
|--------------------------------------|-------------------------------------|--|------------------------|

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Joe A. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18 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.