

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 3111

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) Overland  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 8737 Maryknoll

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 4541  
d. STREET ADDRESS (If rural, give location) 8737 Maryknoll 0

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

4. DATE OF DEATH (Month) (Day) (Year)  
Dec. 22 1950

5. SEX Female  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH June 7, 1872

9. AGE (In years last birthday) 78  
10. UNDER 18: Months 6, Year 15, Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (State or foreign country)  
Portage Des Sioux, Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME John Steiner

13b. MOTHER'S MAIDEN NAME Mary Tesson

14. NAME OF HUSBAND OR WIFE Edward L. Johnson

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 ADDRESS  
LaVerna Vogelbein 8738 Maryknoll

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) Diabetes mellitus +  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral thrombosis  
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  
10 years  
2 days  
e260X

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4 1948, to Dec 22, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS 539 N Grand

23c. DATE SIGNED 12-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 26, 1950

24c. NAME OF CEMETERY OR CREMATORY St. Francis

24d. LOCATION (City, town, or county) (State) Portage Des Sioux Mo.

DATE REC'D BY LOCAL REG. 12/23/50

REGISTRAR'S SIGNATURE Robert R. Tomke MD

25. FUNERAL, DIRECTOR'S SIGNATURE ADDRESS Ortman Funeral Home 9222 Lackland

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

C AT V. Johnson

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 Al C Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.