

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2656
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 597

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 211⁹</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		10. STREET ADDRESS (If rural, give location) <i>3857 Albine</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Idella</i>		b. (Middle)	
		c. (Last) <i>Johnson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 16 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>3 Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 15, 1900</i>	9. AGE (In years last birthday) <i>50</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Shreveport, Miss</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Eddie Franklin</i>		13b. MOTHER'S MAIDEN NAME <i>Dora Alexander</i>	
14. NAME OF HUSBAND OR WIFE <i>Robert Johnson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Robert Johnson</i>		ADDRESS <i>3857 Albine</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Undetermined</i>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>443 X</i>	
22. I hereby certify that I attended the deceased from <i>12-27</i> , 19 <i>50</i> , to <i>1-16-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-16</i> , 19 <i>51</i> , and that death occurred at <i>10:50p m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Lorena W Harris M. D.</i>		23b. ADDRESS <i>2601 N Whittier</i>		23c. DATE SIGNED <i>1-18-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-20-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Hasler</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert Johnson</i>			
ADDRESS <i>JAN 2 (REG)</i>		ADDRESS <i>4303 Delmar</i>			

(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

Arthur L. Heald

Signed
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740 ² Campbell St

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.