

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14283  
3184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|  |                                |   |                                       |
|--|--------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY  |                                       |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>St Louis</u>  |                                | c. LENGTH OF STAY (in this place)<br><u>2209</u>  |                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Homer G Phillips Hospital</u>  |                                | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St Louis</u>   |                                       |
|  |                                | d. STREET ADDRESS (If rural, give location)<br><u>2522 N Leffingwell</u>  |                                       |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Mary</u><br>b. (Middle) <u>Alice</u><br>c. (Last) <u>Johnson</u>   |                                | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Mar. 31 1951</u>   |                                       |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>1898-Jan 1</u> |
| 9. AGE (In years last birthday)<br><u>73</u>   |                                | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY     |
| 11. BIRTHPLACE (State or foreign country)<br><u>Henderson KY</u>   |                                | 12. CITIZEN OF WHAT COUNTRY?<br><u>1</u>  |                                       |
| 13a. FATHER'S NAME<br><u>Lewis Hart</u>  |                                | 13b. MOTHER'S MAIDEN NAME<br><u>Alce</u>  |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><u>Chas Johnson</u>   |                                | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                                       |
| 16. SOCIAL SECURITY NO.  |                                | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><u>Chaley Johnson 2522 N Leffingwell</u>   |                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |                                | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-vascular Disease</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Cardiac Failure</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                       |
| 19a. DATE OF OPERATION   |                                | 19b. MAJOR FINDINGS OF OPERATION  |                                       |
| 20. AUTOPSY?<br>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)  |                                | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                       |
| 21f. HOW DID INJURY OCCUR?<br><u>HHSX</u>  |                                | 22. I hereby certify that I attended the deceased from <u>3-21</u> , 19 <u>51</u> , to <u>3-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>11:08pm.</u> , from the causes and on the date stated above.   |                                       |
| 23a. SIGNATURE (Degree or title)<br><u>Alvin J. Haussler M.D.</u>  |                                | 23b. ADDRESS<br><u>2601 N Whittier St</u>   |                                       |
| 23c. DATE SIGNED<br><u>4-2-51</u>  |                                | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                       |
| 24b. DATE<br><u>4-6-51</u>   |                                | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u>  |                                       |
| 24d. LOCATION (City, town, or county) (State)<br><u>St Louis County MO</u>   |                                | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><u>QR Richardson 2625 Glasgow</u>   |                                       |
| DATE REC'D BY LOCAL REG.<br><u>APR 5 1951</u>  |                                | REGISTRAR'S SIGNATURE<br><u>J B Lasater</u>   |                                       |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*AD Richardson*

Licensed Embalmer No.

*2928*

P. O. Address

*2625 Glasgow*

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.