

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1951

State File No. 24806

318

1008

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St Louis Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>10 TOWN St Louis Mo.</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4249 Redbud Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>B</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 21 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dont Know (Vazelli)</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know (Cox)</u>		14. NAME OF HUSBAND OR WIFE <u>Albert P Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert P Johnson 4249 Redbud</u>			
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) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Byear</u>	
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) _____		21f. HOW DID INJURY OCCUR? <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>May 8, 1948</u> , to <u>June 24, 1951</u> , that I last saw the deceased alive on <u>June 23, 1951</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Lucas</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>4222 N Grand</u>		23c. DATE SIGNED <u>6-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Illinois.</u>	
DATE RECD BY LOCAL REG. <u>JUN 25 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lucas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Provost Und. Co. 3710 N Grand</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*Albert Mayfield*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3077*

P. O. Address

*St Louis 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.

