

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 28384
7706

318

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 30 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2144 Spruce		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis TOWN 2229	
		d. STREET ADDRESS (If rural, give location) 2144 Spruce St.	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 8 / 26 / 1951		
5. SEX female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 3/5/1902		9. AGE (in years last birthday) 49		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Jackson, Mississippi			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Phillip Adams		13b. MOTHER'S MAIDEN NAME Nancy Jones		14. NAME OF HUSBAND OR WIFE Henry Johnson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-10-4227		17. INFORMANT'S SIGNATURE OR NAME Lucy Wilson Trica, Miss.	
(If yes, give war or dates of service) none				ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Cecum		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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? 153X

22. I hereby certify that I attended the deceased from **July 1, 1951**, to **Aug 26, 1951**, that I last saw the deceased alive on **Aug 26, 1951**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Albaugh M.D.	23b. ADDRESS 2337 Market	23c. DATE SIGNED 8: 28 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/9/1951	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis
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DATE REC'D BY LOCAL REG. AUG 30 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wm H. Home	ADDRESS 215 S. Jefferson
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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.....

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.