

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28385

FILED SEP 1 1951

State File No. 7530

318

1003

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

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place) <u>10 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital 2221 Locust</u>		d. STREET ADDRESS (If rural, give location) <u>2205 Delmar Blvd 0</u>	
3. NAME OF DECEASED a. (First) <u>Carrie</u>		b. (Middle) _____	
c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-20th 1951</u>	
5. SEX <u>Female 3</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-23-1921</u>
9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	11. IF UNDER 24 HRS. Hours <u>27</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestics</u>	
11. BIRTHPLACE (State or foreign country) <u>Jackson Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tom Vail</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>J.P. JOHNSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Vail</u> ADDRESS <u>G-2205 Delmar Blvd</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u> ANTECEDENT CAUSES <u>Acute.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) <u>8:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hip X</u>

22. I hereby certify that I attended the deceased from July 5, 1951, to August 20, 1951, that I last saw the deceased alive on 8/20/51, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blair W. Carter</u>	23b. ADDRESS <u>M.D. 2605^a Franklin</u>	23c. DATE SIGNED <u>8-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>
24d. LOCATION (City, town, or county) (State) <u>Mississippi</u>		

DATE RECD BY LOCAL REG. <u>AUG 24 1951</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pice Funeral Home</u> ADDRESS <u>829, Washington Blvd</u>
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. *4441*

P. O. Address *2829 Washington*

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.