

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3457

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood Park</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>Meeks Ave., Rt. 2, Box 318</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Meeks Ave.,</u>			
3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>F.</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1951</u>	
5. SEX <u>Male</u>	6. FLOOD OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/13/1878</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stencil Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Med.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Genevieve, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Janeese</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth 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></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mable Johnson, Meeks Ave., Elmwood</u>		ADDRESS <u>Elmwood</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u>		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) _____ 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 checked="" type="checkbox"/>		<u>4200</u>	
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?			
22. I hereby certify that I attended the deceased from <u>8-28, 1950</u> , to <u>10-15, 1951</u> , that I last saw the deceased alive on <u>10-15, 1951</u> , and that death occurred at <u>2:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Robert E. Zestite M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>	
23c. DATE SIGNED <u>10-19-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10/22/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-19-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womke MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>		ADDRESS <u>GATES FUNERAL HOME, 4107 Finney Ave.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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.....  
*[Handwritten Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4157

P. O. Address 4127 7<sup>th</sup>

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.