

APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10162  
2926

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>21 2628A Delmar Blvd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>MADELINE</b> c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) <b>3</b> (Day) <b>25</b> (Year) <b>52</b>		5. SEX <b>FEM?</b>		6. COLOR OR RACE <b>COL.</b>	
7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years)		10. USUAL OCCUPATION (If he kind of work done during most of working life, even if retired)		
<b>WIDOWED</b>		<b>8-15-1915</b>		<b>36</b>		<b>Maids not employed</b>		
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		
<b>General</b>		<b>NEW ORLEANS LA.</b>		_____		<b>JOHN LANG</b>		
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unless unknown)		16. SOCIAL SECURITY NO.		
<b>HARRIET SIMS</b>		<b>JAMES JOHNSON</b>		<b>No</b>		<b>No</b>		
17. INFORMANT'S SIGNATURE OR NAME				ADDRESS				
<b>Charlie Robinson</b>				<b>2628A Delmar</b>				
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) <b>CARDIAC ARREST</b>								
INTERVAL BETWEEN ONSET AND DEATH								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
ANTECEDENT CAUSES								
DUE TO (b) <b>ARTERIOSCLEROTIC HYPERTENSIVE</b>								
DUE TO (c) <b>HEART DISEASE</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>4200</b>						
22. I hereby certify that I attended the deceased from <b>3/16</b> , 19 <b>52</b> , to <b>3/25</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/25/52</b> , 19 <b>52</b> , and that death occurred at <b>3:50p m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>F.R. Bradley</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		
<b>Removal</b>				<b>3/31/52</b>		<b>National Cemetery Jefferson Davis Mo.</b>		
24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
_____				<b>W.H. Briel 4469 Washington</b>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 28 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
_____		_____		_____				

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

Man

**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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address 4409 Washington  
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.