

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10167

State File No.

FILED MAR 29 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2677

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granite City</u>	
c. LENGTH OF STAY (In this place) <u>1 Month</u>		d. STREET ADDRESS (If rural, give location) <u>2601 Iowa Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Elsie</u> (Type or Print)		b. (Middle) <u>Johnston</u> c. (Last)	
4. DATE OF DEATH <u>March 20 1952</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-31-1882</u>
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	11. UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Johnston</u>		ADDRESS <u>2601 Iowa Granite City, Ill.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of cervix & metastases</u> DUE TO (c) <u>Cardiac embolus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary heart disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs.</u> <u>10 months</u> <u>8 mo.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>171X</u>			
22. I hereby certify that I attended the deceased from <u>Feb 19</u> , 19 <u>52</u> , to <u>March 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 19</u> , 19 <u>52</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jerome M. Vaeth</u>		23b. ADDRESS <u>Jewish Hosp. St. Louis Mo 63105</u>	
23c. DATE SIGNED <u>MO</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-20-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>MAR 21 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Merck</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		ADDRESS <u>Granite City</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Se

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.