

FILED MAY 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. 18774

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1252		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		4452		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co., Hospital				d. STREET ADDRESS (If rural, give location) 7561 York Dr.				
3. NAME OF DECEASED (Type or Print) Herbert Mitchell			a. (First)		b. (Middle)		c. (Last) Johnson	
4. DATE OF DEATH May 9, 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 27, 1882		9. AGE (In years last birthday) 69		
5. SEX M		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Lindell Trust Co.		
11. BIRTHPLACE (City and State or Foreign Country) Palestine, Texas				12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Robert Henry Johnson			13b. MOTHER'S MAIDEN NAME Mollie Heckford			14. NAME OF HUSBAND OR WIFE Mary Lees Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-34-6528		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Reeves				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u>					?	
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 4201					20. AUTOPSY? YES <input 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?				
22. I hereby certify that I attended the deceased from <u>4-25</u> , 19 <u>52</u> , to <u>5-9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-8</u> , 19 <u>52</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Albert Kaplan MD</u>				23b. ADDRESS <u>6607 N. Grand</u>		23c. DATE SIGNED <u>5-9-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo		
DATE REC'D BY LOCAL REG. 5-12-52		REGISTRAR'S SIGNATURE Herbert R. Donk			25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons			
					ADDRESS 6175 Belmar			

5 (Licensed Embellisher's Statement on Reverse Side)

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 Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.