

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29635

State File No.

8120

FILED SEP 8- 1952		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2119		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4238 W. Garfield Ave		d. STREET ADDRESS (If rural, give location) 11 4238 W. Garfield Ave.		
3. NAME OF DECEASED (Type or Print) Georgia		a. (First) Georgia	b. (Middle) E.	c. (Last) Johnson
4. DATE OF DEATH		(Month) 8	(Day) 24	(Year) 1952
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH April 18, 1880	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Clarksville, Tennessee 1	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Alphonso Johnson		13b. MOTHER'S MAIDEN NAME Laura Thompkins	14. NAME OF HUSBAND OR WIFE Dead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Judkin 4238 W. Garfield Ave.	
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) Carcinoma Breast 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. Chronic Arthritis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr 10/7/52
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)		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? 170X
22. I hereby certify that I attended the deceased from Jan 1, 1950 to 8-24-1952, that I last saw the deceased alive on 8-24-1952, and that death occurred at 6 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Samuel Stafford M.D.		23b. ADDRESS 2605 1/2 Franklin Av.		23c. DATE SIGNED 8-26-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-28-52	24c. NAME OF CEMETERY OR CREMATORY ST PETERS	24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY
DATE REC'D BY LOCAL REG. AUG 27 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. ROBERTS 1416 N. Taylor

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

James A. Carter

Licensed Embalmer No. *4687*

P. O. Address *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.