

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43989

State File No.

FILED JAN 9 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3297

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2-019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		d. STREET ADDRESS (If rural, give location) 7010 Minnesota 1	

3. NAME OF DECEASED (Type or Print) Ethel			a. (First)			b. (Middle)			c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 12 22 52		
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 17 Mar 1894			9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid				10b. KIND OF BUSINESS OR INDUSTRY Domestic				11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Albert Jefferson			13b. MOTHER'S MAIDEN NAME Amanda Thomas			14. NAME OF HUSBAND OR WIFE Robert Johnson		
---	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Albert Jefferson, St. Louis, Mo.		ADDRESS	
---	--	---	--	--	--	---------	--

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) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease ? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X						INTERVAL BETWEEN ONSET AND DEATH 2 days	
---	--	---	--	--	--	--	--	---	--

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) 0	
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 12-22-1952 to 12-22-1952, that I last saw the deceased alive on 12-22-1952, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. M.D.		(Degree or title)		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 12-23-52	
---	--	-------------------	--	---	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 27 Dec 52		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo. M.	
--	--	-------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 12-26-52		REGISTRAR'S SIGNATURE Hubert R. Dumble M.D.		P.T.		25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros, Saint Louis, Mo.		ADDRESS	
---	--	---	--	------	--	--	--	---------	--

(Licensed Embalmer'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 Edward A. Flynn

Licensed Embalmer No. 7446

P. O. Address 4548^a Page

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.