

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4100

State File No.

FILED JAN 31 1953
BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 542 Registrar's No. 0220

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. LENGTH OF STAY (If this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls Ferry Memorial Home</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Apr. 11 1856</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) <u>96</u>
11. BIRTHPLACE (State or foreign country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dont Know</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>	
14. NAME OF HUSBAND OR WIFE <u>Carl C. Johnson (decd)</u>		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>Millard Johnson, 5803 Henner Ave.,</u> 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) <u>Arterio sclerotic cardiac disease</u> 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. <u>In Hip.</u>	
19a. DATE OF OPERATION <u>Dec 21/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Nothing In Hip</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 19 1952</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lost her balance, fell to floor</u>	
22. I hereby certify that I attended the deceased from <u>Nov 19, 1952</u> to <u>Jan 20, 1953</u> , that I last saw the deceased alive on <u>Jan 23, 1953</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. H. Downing</u>		23b. ADDRESS <u>2342 St Louis</u>	
23c. DATE SIGNED <u>1/21/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-22-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hebert R. Domb</u>	
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		ADDRESS <u>1700 Cullinane Bros. 3320 N. Kingshighway</u>	

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Fred Frick

Licensed Embalmer No. **3186**

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.