

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11770

State File No.

FILED MAR 31 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2681

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
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 Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION City Infirmary Hospital		STREET ADDRESS (If rural, give location) 13 5600 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) c. (Last) Johnson		4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 53	
5. SEX White	6. COLOR OR RACE Female	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-29-1870
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months 11 Days 10	11. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Johnson	
13b. MOTHER'S MAIDEN NAME Elizabeth ?		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)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Laura Jobe, St. Louis, Missouri		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) <i>arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>yes</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis, general</i> <i>yes</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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? 4200		22. I hereby certify that I attended the deceased from 3/26, 1951, to 3/8, 1953, that I last saw the deceased alive on 3/8, 1953, and that death occurred at 9:AM m., from the causes and on the date stated above.	
23a. SIGNATURE <i>William M. Bruce, M.D.</i>		23b. ADDRESS 5600 Arsenal	
23c. DATE SIGNED 3-9-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-10-53		24c. NAME OF CEMETERY OR CREMATORY Virginia Mines Cem.	
24d. LOCATION (City, town, or county) (State) St. Clair, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1953		ADDRESS St. Clair, Mo.	

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 *A. M. Lusk*

Licensed Embalmer No. 3601

P. O. Address St. Charles, 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.