

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11771**
Registrar's No. **3143**

LED APR 4 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1309 Hadley	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) March 19 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH unknown		9. AGE (In years last birthday) about 56		10. # UNDER 1 YEAR 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Street Cleaner		11. BIRTHPLACE (City and State or Foreign Country) Christian County, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Johnson		13b. MOTHER'S MAIDEN NAME Vinie Woodard	
14. NAME OF HUSBAND OR WIFE - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-05-8333	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Woodard		18. ADDRESS 1309 Hadley Ave.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Benility DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500A	

22. I hereby certify that I attended the deceased from 3-12, 1953, to 3-19, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE Edward B Smith M. D. (Degree or title)		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-24-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Undertaking Co.		ADDRESS 3644 Finney	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Mar 23 1953**
 (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 John K. Cunningham
Licensed Embalmer No. 4476

P. O. Address 4223 Enright Avenue

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.