

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12701

State File No.

FILED APR 4 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 768

400
5

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) <u>Richmond Heights MO</u>		c. LENGTH OF STAY (In this place) <u>5 wks</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>5856 Ridge Avenue., 2069</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanna</u> b. (Middle) <u>E.</u> c. (Last) <u>Church</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1953</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 26-1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	--	--------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Daniel Hogan</u>	13b. MOTHER'S MAIDEN NAME <u>Julia XXXXXX NASH</u>	14. NAME OF HUSBAND OR WIFE <u>John Church, dec'd</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No Nil</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leola Church, 5856 Ridge Avenue.,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feb 5, 1953</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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?

22. I hereby certify that I attended the deceased from 8/1, 1950, to 3/7, 1953, that I last saw the deceased alive on 3/6, 1953, and that death occurred at 2:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas W. Parker M.D.</u> (Degree or title)	23b. ADDRESS <u>4665 Maryland</u>	23c. DATE SIGNED <u>3/9/53</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-9-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb - M.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrigan-Sheahan</u>	ADDRESS <u>4700 Washington</u>
--	---	--	--------------------------------

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
Signature of Student Embalmer

Signed *John S. Hennighan*
Licensed Embalmer No. *9195*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.