

STANDARD CERTIFICATE OF DEATH

State File No. **12907**

FILED **MAR 30 1953**

BIRTH NO. _____		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 6081		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY OR TOWN RURAL UNION		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN RURAL UNION		0950	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEINGARTEN RR # 1				d. STREET ADDRESS (If rural, give location) WEINGARTEN RR # 1			
3. NAME OF DECEASED (Type or Print) a. (First) TILLIE b. (Middle) CAROLINE c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1953				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH DEC 27 1895		9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 100 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WEINGARTEN MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LOUIS JOHNSON			13b. MOTHER'S MAIDEN NAME JOSEPHINE MUESSIG		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Karl Weingarten 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) Carcinoma of Colon 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. Chronic myocarditis					INTERVAL BETWEEN ONSET AND DEATH 9 mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X					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)		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 July 9, 1952 , to March 22, 1953 , that I last saw the deceased alive on March 21, 1953 , and that death occurred at 11:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. L. Lansing M.D. (Degree or title)				23b. ADDRESS Ste. Genevieve Mo		23c. DATE SIGNED 3/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 25 1953	24c. NAME OF CEMETERY OR CREMATORY LADY HELP OF CHRISTIANS		24d. LOCATION (City, town, or county) (State) WEINGARTEN MO		
DATE REC'D BY LOCAL REG. Mar. 22, 1953		REGISTRAR'S SIGNATURE Louis Basler 4-1		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Basler Sr. Ste. Genevieve Mo ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

750
1

APR 2 1959

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 _____

Adrian J. Miller

Licensed Embalmer No. _____

4740

P. O. Address _____

St. Genevieve

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.