

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23257

FILED JUN 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5711**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Illinois b. COUNTY St. Clair	
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 East St. Louis Ill.	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 4308 Piggott Ave. #120	
d. FULL NAME OF HOSPITAL OR INSTITUTION People Hospital			

3. NAME OF DECEASED
(Type or Print) **Johanna Mouny**
a. (First) **Johanna** b. (Middle) **Mouny** c. (Last) **Mouny**
DATE OF DEATH **June 7, 1953**
(Month) (Day) (Year)

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **March 1896** 9. AGE (In yrs. last birthday) **67** IF UNDER 1 YEAR: Months **3** Days **6** IF UNDER 12 HRS. Hours **3** Min. **6**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (State or foreign country) **Tennessee** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Pixon** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **Divorced**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Beatrice Douglas** ADDRESS **1647 Wilford East St. Louis Ill.**

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Parenchymatous nephritis**
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.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 20, 1953**, to **June 8, 1953**, that I last saw the deceased alive on **June 7, 1953**, and that death occurred at **3A** m., from the causes and on the date stated above.

23a. SIGNATURE **Stearle Kellum M.D.** (Degree or title) 23b. ADDRESS **5012 Madison Ave. East St. Louis Ill.** 23c. DATE SIGNED **6/8/53**

24a. BURIAL, CREMATION REMOVAL (Specify) **Removal** 24b. DATE **6-9-53** 24c. NAME OF CEMETERY OR CREMATORY **E. St. Louis Mo. E. St. Louis Ill.** 24d. LOCATION (City, town, or county) (State) **Ill.**

DATE REC'D BY LOCAL REG. **JUN 9 1953** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** FUNERAL DIRECTOR'S SIGNATURE **J. C. Crippen** ADDRESS **1036 Tudor Ave. East St. Louis Ill.**

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No. 5496

P. O. Address E. St Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be, so stated above.