

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26532

State File No. ....

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6387

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 OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital

e. STREET ADDRESS (If rural, give location) 3 No Garrison

3. NAME OF DECEASED  
a. (First) Monte b. (Middle) \_\_\_\_\_ c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year)  
June 21 1953

5. SEX Female

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Aug. 7, 1898

9. AGE (In years last birthday) (Month) (Day) (Year) (Hours) (Min.)  
54 10 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Tennessee, Covington

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Monroe Alston

13b. MOTHER'S MAIDEN NAME Mary Alston

14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Bernice Brinkly 3709 Chouteau Ave.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Brain Tumor  
  
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? 237X

22. I hereby certify that I attended the deceased from 4-11, 1953, to 6-21, 1953, that I last saw the deceased alive on 6-21, 1953, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Belle Smith

23b. ADDRESS 2601 Whittier

23c. DATE SIGNED 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6-27-53

24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery

24d. LOCATION (City, town, or county) (State) South Kinloch, Missouri

DATE REC'D BY LOCAL REG. JUN 26 1953

REGISTRAR'S SIGNATURE Carl Belle Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Ellis Funeral Home, Inc. 2820 Stoddard St.

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.....  
Signature of Student Embalmer

Signed *Fulton E. Culter*

Licensed Embalmer No. *6419*

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.