

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37904**

FILED NOV 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2653**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. LENGTH OF STAY (to this place) <b>5 Months</b>	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest # 2 Nursing Home,</b>		e. STREET ADDRESS (If rural, give location) <b>4024 Hartford.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosella</b>		b. (Middle) _____	
c. (Last) <b>Johnson.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13, 1953.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 3, 1870</b>
9. AGE (to years last birthday) <b>83.</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Harradsburg, Kentucky.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Gibson.</b>	
13b. MOTHER'S MAIDEN NAME <b>Sallie Bradshaw.</b>		14. NAME OF HUSBAND OR WIFE (Deceased) <b>John Johnson.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>0 Nil.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Iral Johnson.</b>		ADDRESS <b>4024 Hartford.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac dilatation</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chronic myocarditis</b>	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4222</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <b>9/8/53</b> , 19 <b>53</b> , to <b>10/13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/14</b> , 19 <b>53</b> , and that death occurred at <b>6:05 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>C. A. Sheslie M.D.</b> (Degree or title)		23b. ADDRESS <b>Kirkwood, Mo.</b>	
23c. DATE SIGNED <b>10/14/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Oct. 14, 53.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
24d. LOCATION (City, town, or county) (State) <b>Slater, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>10/14/53</b>		REGISTRAR'S SIGNATURE <b>Heber...</b>	
ADDRESS _____		ADDRESS <b>4700 Washington.</b>	

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 *Arnd Garmer*

Licensed Embalmer No. *4788*

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.