

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13623
Registrar's No. 3294

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>3294</u>		
1. PLACE OF DEATH a. COUNTY _____				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 town or township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5459 CABANNE AVE</u>				e. STREET ADDRESS (If rural, give location) <u>5459 Cabanne Ave., 2059</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>LEE</u> c. (Last) <u>JOHNSON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1954</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>Aug 2, 1873.</u>		
9. AGE (In years last birthday) <u>80.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home..</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cairo, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Wm McGahey.</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Dyer.</u>		14. NAME OF HUSBAND OR WIFE <u>John Morgan Johnson.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. A. Rawlings 5459 Cabanne Ave,</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis - High Blood Pressure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u> <u>8 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>4438</u> <u>St. Louis</u> <u>Mo</u>				
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 <u>1950 Jan 10</u> , to <u>April 12, 1954</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. E. Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>110 S Central Clayton Mo</u>		23c. DATE SIGNED <u>April 12/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation..</u>		24b. DATE <u>4/14/54.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory..</u>		24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Road.</u>		
DATE REC'D BY LOCAL REG. <u>APR 14 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>				

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 *Clarence H. Murray*.....

Licensed Embalmer No. *406*.....
P. O. Address *St. Louis, Mo.*.....

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.