

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1954

State File No. **24484**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6709**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <i>5 days</i>		e. STREET ADDRESS (If rural, give location) <i>2969 Easton</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Emma</i> b. (Middle) <i>East</i> c. (Last) <i>East</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 17, 1954</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>3-10-1882</i>
9. AGE (In years last birthday) <i>72</i>	# UNDER 1 YEAR Months <i>4</i> Days <i>7</i>	# UNDER 1 MIN. Hours <i>7</i> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Charleston, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Charles Johnson</i>	13b. MOTHER'S MAIDEN NAME <i>Diana</i>
14. NAME OF HUSBAND OR WIFE <i>John East</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Lester Moore</i>			ADDRESS <i>1108 Kansas E. d. hwy</i>
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) <i>Diabetes Mellitus, Diabetic Acidosis, Arteriosclerotic Gangrene of Right Foot</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>Undt</i>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4501</i>	
22. I hereby certify that I attended the deceased from <i>July 12, 1954</i> , to <i>July 17, 1954</i> , that I last saw the deceased alive on <i>July 17, 1954</i> , and that death occurred at <i>11:45 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Carl Belle Smith, M.D.</i>		23b. ADDRESS <i>2601 N. Whittier</i>	23c. DATE SIGNED <i>7/20/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7-22-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
DATE REC'D BY LOCAL REG. <i>JUL 20 1954</i>	REGISTRAR'S SIGNATURE <i>Carl Belle Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. J. Nash</i>	ADDRESS <i>3847 Page</i>

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.....
Licensed Embalmer No. 443

P. O. Address 3847 Pa

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.