

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1954

State File No. 29007  
Registrar's No. 6222

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 29007		Registrar's No. 6222				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri						b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 2 wks		c. CITY OR TOWN Maplewood			d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				e. STREET ADDRESS (If rural, give location) 7200 Sarah Ave.								
3. NAME OF DECEASED (Type or Print) Minnie			a. (First)		b. (Middle)		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) July 8th, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 27th 1876		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) House Springs, Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Brimmer			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE (late) John E. Johnson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 489-01-4872		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Martini			ADDRESS Above				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 3 wks				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No										
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X								
22. I hereby certify that I attended the deceased from June 15, 1954, to July 8, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.												
23a. SIGNATURE John Brimmer						23b. ADDRESS Maplewood, Mo.			23c. DATE SIGNED 7/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-12-54		24c. NAME OF CEMETERY OR CREMATORY St. Martin's Cemetery		24d. LOCATION (City, town, or county) (State) High Ridge, Mo.						
DATE REC'D BY LOCAL REG. JUL 9 1954		REGISTRAR'S SIGNATURE Jay B. Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood, Mo.							

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 *VE Morris*.....

Licensed Embalmer No. *336*.....

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.