

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42499

State File No.

10459

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>10459</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 OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		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: <u>5676 Cates Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>5676 Cates Ave.</u> <u>20590</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Rosetta</u> c. (Last) <u>Johnston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 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>June 6, 1874</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Newbery</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Benjamin</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Miller Johnston</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Dollard</u>				ADDRESS <u>5676 Cates Ave.</u>	
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) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>year</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) _____					
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? <u>4500</u>					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>53</u> , to <u>Nov 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>54</u> , and that death occurred at <u>8:00</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Sam F. Dean M.D.</u> (Degree or title)			23b. ADDRESS <u>35 So Central - St. Louis Mo</u>			23c. DATE SIGNED <u>11/16/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>NOV 17 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6175 Delmar Blvd</u>				

Dr. Jim Beam
35 No Central

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *61250*.....

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.