

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9785**
2500

FILED MAR 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>918</u>		PRIMARY REG. DIST. NO. <u>1022</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				STREET ADDRESS (If rural, give location) 23 208 Duchouquette				
3. NAME OF DECEASED (Type or Print) EMMA			a. (First)		b. (Middle)		c. (Last) JOHNSON	
4. DATE OF DEATH MARCH 14, 1955		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 15, 1878		9. AGE (in years last birthday) 76-73		IF UNDER 1 YEAR Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM MONTRAY			13b. MOTHER'S MAIDEN NAME JOSEPHINE KENDSON			14. NAME OF HUSBAND OR WIFE ELMER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD				
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 cerebral hemorrhage, failure, asthenia, etc. It means the direct injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism					INTERVAL BETWEEN ONSET AND DEATH	
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? 332x				
22. I hereby certify that I attended the deceased from 3-11-55 , 19___, to 3-14-55 , 19___, that I last saw the deceased alive on 3-14-55 , 19___, and that death occurred at 5:20P m., from the causes and on the date stated above.								
23a. SIGNATURE <i>J. Earl Smith</i>			(Degree or title) md		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-19-1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. MAR 18 1955		REGISTRAR'S SIGNATURE <i>J. Earl Smith, m.d.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H. Inc. 2301 Lafayette				

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 Not Emb., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. Y. Farris.....

Licensed Embalmer No. 330
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.