

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35320**

FILED NOV 10 1955

Registrar's No. **2485**

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 531		Registrar's No. 2485	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN University City Mo		c. LENGTH OF STAY (in this place) 2 1/2 years		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Old Folks Home				STREET ADDRESS (If rural, give location) 6600 Washington			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) S. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Oct 25 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single	8. DATE OF BIRTH Feb 21 1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Johnson			13b. MOTHER'S MAIDEN NAME Agnes Ridgeway		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME Ernest W. Johnson ADDRESS 3626 Fieldmore			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Artericular fibrillation ANTECEDENT CAUSES Arteriosclerotic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 10 + years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) University City, St. Louis Mo.			
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 Oct 19 , 19 55 , to Oct 25 , 19 55 that I last saw the deceased alive on Oct 25 , 19 55 , and that death occurred at 3 pm. , from the causes and on the date stated above.							
23a. SIGNATURE San E. Holmes Jr. (Degree or title) Dr.				23b. ADDRESS 6600 Washington University City, Mo.		23c. DATE SIGNED Oct 26	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-28-55	24c. NAME OF CEMETERY OR CREMATORY Nalhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo		
DATE REC'D BY LOCAL REG. 10-27-55		REGISTRAR'S SIGNATURE Herbert R. Rombert		25. FUNERAL DIRECTOR'S SIGNATURE Northern Funeral Home ADDRESS 6322 So Grand			

54. (Licensed Embalmer's Statement on Reverse Side)

St Louis 11 Mo 1300

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300-10.48

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 *Hadley F. Greller*
Licensed Embalmer No. *498*
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.