

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42236**

318

1003

Registrar's No. **11252**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis		c. LENGTH OF STAY (In this place) 12 days		c. CITY OR TOWN St. Louis		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 DePaul Hospital				e. STREET ADDRESS (If rural, give location) 4017 Green Lee Place ^{210%}				10		
3. NAME OF DECEASED (Type or Print)		a. (First) Laura		b. (Middle) E.		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 26 1884		9. AGE (In years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Charleston Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William Green			13b. MOTHER'S MAIDEN NAME Amelia Marquert			14. NAME OF HUSBAND OR WIFE Curtis Johnson				
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Johnson 4241 Warne Ave.						
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* <i>Bronchopneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chc. Pulmonary Fibrosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Nephrosclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 weeks</i> <i>10 years</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)		525x				
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 Aug. 1939, to Dec. 20, 1955, that I last saw the deceased alive on Dec. 20, 1955, and that death occurred at 6:50 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <i>Charles W. Mader M.D.</i>				23b. ADDRESS <i>4020 N. Florissant</i>				23c. DATE SIGNED <i>1/22/55</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.				
DATE REC'D BY LOCAL REG. DEC 23 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Buchholz Mortuary 5967W. Florissant</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 *Frederick J. Bruch*.....
Licensed Embalmer No. *4513*

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.