

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

43461
State File No. _____
11583
Registrar's No. _____

FILED JAN 25 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11583	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 4 days		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE		b. COUNTY		c. CITY OR TOWN University City		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Missouri		St. Louis		43661			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 1246 Hafner Place			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) ANNE	b. (Middle) McINTYRE	c. (Last) JOHNSON	(Month) 12	(Day) 31	(Year) 55
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED? WIDOWED?	
8. DATE OF BIRTH May 23, 1870		9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Warren B. McIntyre		13b. MOTHER'S MAIDEN NAME Anne Abner	
14. NAME OF HUSBAND OR WIFE John David Johnson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Warren Johnson - 730 Belt Avenue					

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis left cerebral artery Hemorrhage intestinal tract ANTECEDENT CAUSES Arteriosclerosis Peptic ulcer gastric probably DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerotic kidneys. Phlebitis left.		2 days 8 days 10 years + Many years	
		II. OTHER SIGNIFICANT CONDITIONS Hypotrophic osteoarthrititis with deformity old (40 yrs) ununited fracture left hip			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
no		no		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)	
				540.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 11-24, 1955, to 12-31, 1955, that I last saw the deceased alive on 12-30-55, 19____, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Clark M.D.		23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Missouri		23c. DATE SIGNED 12-31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-3-56		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. JAN 3 1956		REGISTRAR'S SIGNATURE C. R. Lupton & Sons MD		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Blv'd.,	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

2: 6: 4:

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 ... Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.