

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11757

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542		Registrar's No. 754			
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 (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. LENGTH OF STAY (In this place) 1 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4119					
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 Paul				d. STREET ADDRESS (If rural, give location) 115 Paul					
3. NAME OF DECEASED (Type or Print) LILLIAN Atkinson			b. (Middle) JOHNSON		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) 3 18 56		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July-5-1885		9. AGE (In years last birthday) 71			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Smyrna, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John R. Atkinson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE (late) Joseph Johnson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-01-9912		17. INFORMANT'S SIGNATURE OR NAME Martha Starz.		ADDRESS Above			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		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) Arteriosclerosis, general DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 331X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Feb-1, 1956 to March 18, 1956, that I last saw the deceased alive on March 17, 1956, and that death occurred at 2:10 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry C. Westerman, M.D.				23b. ADDRESS 2136 East Grand Ave		23c. DATE SIGNED 3-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. 3-19-56		REGISTRAR'S SIGNATURE Hubert B. Dombé md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAYB. SMITH, Maplewood, Mo.					

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

J. Allen Davis
Licensed Embalmer No. 4053

P. O. Address AL

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 this body is not embalmed, fact should be so stated above.