

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28624

FILED SEP 6 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7503**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
c. LENGTH OF STAY (in this place)		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 <i>3419 Walnut</i>		STREET ADDRESS (If rural, give location) <i>18 3419 Walnut</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Rebecca</i>	b. (Middle)	c. (Last) <i>Johnson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 11 1956</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>14 Feb 1875</i>	9. AGE (In years last birthday) <i>81</i>	10. UNDER 1 YEAR Months	11. 1 YEAR Days	12. IF UNDER 2 HRS. Hours	13. IF UNDER 30 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>no</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Unionham Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Hugh Wiley</i>	13b. MOTHER'S MAIDEN NAME <i>Olga</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Theodore Johnson</i>	ADDRESS <i>3419 Walnut</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Heart Disease</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) <i>Ch. Arthritis</i>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *June 56* to *Aug 10, 1956*, that I last saw the deceased alive on *Aug 11 1956*, and that death occurred at *12:30 p.m.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L.B. Howell M.D.</i>	23b. ADDRESS <i>2902 Laclede</i>	23c. DATE SIGNED <i>8-14-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>15 Aug 56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>AUG 14 1956</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, Sr. D.S.P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Reliable Funeral</i>	ADDRESS <i>1389 N. Union</i>
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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 *John K. Cunningham*.....

Licensed Embalmer No. *447*.....
P. O. Address *2415 Main*.....

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.