No. 300
10.48

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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6333

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1084

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 6005 Cabanne Place
e. STREET ADDRESS (If rural, give location) 6005 Cabanne Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) C.
c. (Last) Johnson

4. DATE OF DEATH (Month) Y (Day) 12 (Year) 57

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 27, 1869

9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Bro.

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Vassar Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Johnson

13b. MOTHER'S MAIDEN NAME Myra Selden

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Kathryn Sanford **ADDRESS** 6005 Cabanne Av.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Cerebrovascular Accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis, gen. — 5 yrs.

Arteriosclerosis, gen.

DUE TO (c)

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 331 X

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1957, *to* Feb 2, 1957, *that I last saw the deceased alive on* 1/31, 1957, *and that death occurred at* 2:30 p m., 2:30 P.M. *from the causes and on the date stated above* 2-2-57

23a. SIGNATURE Harry Agress (Degree or title) M.D. — Harry Agress MD

23b. ADDRESS 634 N. Grand — 634 N. Grand

23c. DATE SIGNED 2/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 2/5/57

24c. NAME OF CEMETERY OR CREMATORY Riverview Cem.

24d. LOCATION (City, town, or county) Vassar (State) Mich.

DATE REC'D BY LOCAL REG. FEB 4 '57

REGISTRAR'S SIGNATURE Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE N. Mullen & Sons **ADDRESS** 5165 Delmar Bl.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 336

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.