

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1496**
Registrar's No. **1920**

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

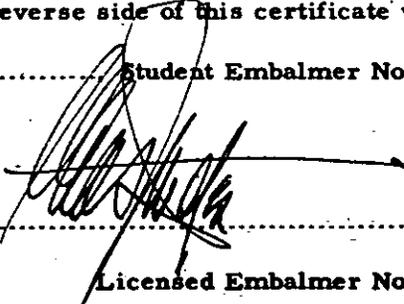
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 4417 Page Avenue		e. STREET ADDRESS (If rural, give location) 2119 4417 Page Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) ROSA		b. (Middle) BELLE		c. (Last) JOHNSON			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1957		5. SEX Female		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25, 1895		9. AGE (In years last birthday) 62			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi / U. S. A.			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Robert Brown		13b. MOTHER'S MAIDEN NAME Anna Thomas			
14. NAME OF HUSBAND OR WIFE Felix 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 Felix Johnson		18. ADDRESS 4417 Page Avenue					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Vary Bilateral ANTECEDENT CAUSES Unclassified. (Apparently Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary vney. but from hist DUE TO (c) primary bowel not excluded II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia (?) Abstruction, Intestinal (?)				INTERVAL BETWEEN ONSET AND DEATH 6-12 mo.	
19a. DATE OF OPERATION 11-27-56		19b. MAJOR FINDINGS OF OPERATION Inoperable Bilat. Vary Tom. Dist. near vey. lants		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 175x			
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 Oct 18, 1956 , to Feb. 24, 1957 , that I last saw the deceased alive on Jan 7, 1957 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE A. N. Arneson		(Degree or title) M.D.		23b. ADDRESS 457 N. Kingshighway			
23c. DATE SIGNED Feb 21, 1957		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/27/57			
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. FEB 25 '57			
REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney			

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


Licensed Embalmer No. 1825

P. O. Address 4107 Finney

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.