

11655

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 18 1957

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>636</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>St. John</u>		c. LENGTH OF STAY (in this place) <u>4 MON.</u>		c. CITY OR TOWN <u>Overland, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rugh Manor Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>9204 Arline</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>JOHNSON</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/6/57</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11/20/1883</u>		9. AGE (In years last birthday) <u>73 yrs.</u>		IF UNDER 1 YEAR: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Holshouser</u>			13b. MOTHER'S MAIDEN NAME <u>Sophie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Una Gregory 9204 Arline Overland 14, Mo.</u>			
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) <u>arterio sclerotic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio sclerotic generalized</u> 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 <u>2 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? <u>2</u> 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) <u>4200</u>			
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 <u>Jan 1948</u> to <u>3-6, 1957</u> , that I last saw the deceased alive on <u>3-4, 1957</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>MD Ferguson MD</u>				23b. ADDRESS <u>Ferguson Mo</u>		23c. DATE SIGNED <u>3-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/9/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Essex Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Essex, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/7/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Schnur 3125 Lafayette Ave.</u>			

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

MAR 29 1957

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 *Joseph Volmer* ..... Licensed Embalmer No. *41014*

P. O. Address *3125 Soper*

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.