

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022612
State File No.

Registrar's No. 6228

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6228	
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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 10 DAYS		c. CITY OR TOWN ST. LOUIS		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 FAITH HOSPITAL				e. STREET ADDRESS (If rural, give location) 2107 23063 MARCUS ST.			
3. NAME OF DECEASED (Type or Print) a. (First) VERONICA		b. (Middle) _____		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) JULY 3-1957	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APR. 17, 1893	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) LITHUANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE MICHAEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EDWARD P. JOHNSON		ADDRESS ST. LOUIS, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM				INTERVAL BETWEEN ONSET AND DEATH ? MINUTES	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF PANCREAS				? MONTHS	
		DUE TO (c) 157 X					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTESTINAL OBSTRUCTION					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION CA BODY OF PANCREAS, OBST. DUODENUM, METASTASIS				20. AUTOPSY? YES <input checked="" 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) _____			
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 JUNE 23, 1957 to JULY 3, 1957 , that I last saw the deceased alive on JULY 3, 1957 , and that death occurred at 4:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Johnson (Degree or title) _____				23b. ADDRESS 539 N. G GRAND ST. LOUIS, MO		23c. DATE SIGNED 7/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/5/57		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS, ILL.	
DATE REC'D BY LOCAL REG. JUL 5 '57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE John J. Krasby ADDRESS EAST ST. LOUIS, ILL.			

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

VS MAY 24 1960

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 Mat E. Embalmed Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Kasaly

Licensed Embalmer No. 6855

P. O. Address St. Louis, Mo.

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.