

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

1003

State File No. **29601**
Registrar's No. **7590**

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

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, Mo.	c. LENGTH OF STAY (in this place) 12 Years 26 Days	c. CITY OR TOWN St. Louis,	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital 2217 S. 11111a N. 21st.			

3. NAME OF DECEASED (Type or Print) Catherine Johnson			4. DATE OF DEATH (Month) (Day) (Year) August 8--1957.		
a. (First)	b. (Middle)	c. (Last)	5. SEX 3 Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH Oct, 10, 1903	9. AGE (In years last birthday) 53
				9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 28
				11. BIRTHPLACE (City and State or Foreign Country) Unknown Elkton, Ky.	12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Hattie ?		14. NAME OF HUSBAND OR WIFE None	
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 ADDRESS Charles Underwood 3857 Labadie	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal Meningitis		3 days	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension		1 yr.	
		Congenital Mental Deficiency		1 yr. plus	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2	
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) (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 July 13, 19 56, to Aug. 8, 19 57, that I last saw the deceased alive on Aug. 8, 19 57, and that death occurred at 5:50 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 8/9/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/14/57		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	

DATE REC'D BY LOCAL REG. AUG 14 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 33100 Easton Ave.	
---	--	---	--	---	--

WRITE PLAINLY—USING UNFAADING 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 *Arthur L. Herlihy*.....

Licensed Embalmer No. *422*

P. O. Address *3100 East*

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.