FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33688

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8700

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis, Mo. — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 4610a Vernon — Reside on Farm Yes ☐ No ☐ 12 9

3. NAME OF DECEASED (Type or print)	First: Mary	Middle:	Last: Johnson	4. DATE OF DEATH Month 9 Day 14 Year 57
5. SEX: Female 3	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2	8. DATE OF BIRTH: Unknown 1880	9. AGE (In years last birthday): 77 — 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): Domestic Work	10b. KIND OF BUSINESS OR INDUSTRY: Private Homes	11. BIRTHPLACE (City and state or country): Columbus, Georgia	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME: Sheldon Bedell		14. MOTHER'S MAIDEN NAME: Parthenia Branford		
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.: None	17. INFORMANT Address: Mrs. Vera Nash 5127 Highland Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — undet.

DUE TO (c) 443 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arteriosclerosis, Generalized - Hypertensive Cardiovascular Disease

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

I attended the deceased from 8-21-57, to 9-14-57 and last saw her/him alive on 9-14-57

Death occurred at 8:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin Rosecan, M.D.	22b. ADDRESS: 2601 Whittier Street	22c. DATE SIGNED: 9-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-18-57	23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS: G. Wade Granberry 4202 Finney Ave.	25. DATE RECD. BY LOCAL REG.: SEP 17 57	26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy H. Bannister

Licensed Embalmer No. 452

P. O. Address 4251 Wash

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