

Health, Welfare Public Service

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34373
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2165

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, give TOWNSHIP only) <u>Clayton</u> OR <u>Webster Groves</u> MO. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Webster Groves</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>4597</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Louis County Hosp.</u> Length of stay in lb <u>35 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>62 LINCOLN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Willetta Johnston</u> First Middle Last			4. DATE OF DEATH <u>8-28-57</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-1899</u> 1910		9. AGE (In years last birthday) <u>47</u>
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>House wife</u>		11. BIRTHPLACE (City and state or country) <u>Webster Groves</u>	
13. FATHER'S NAME <u>Albert Pierson</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Rosetta Davidson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Kenneth Jonsten Johnston</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fracture Ribs & Pulmonary Contusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>35 Hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Possible Pulmonary Emboli</u>		?	
DUE TO (c) <u>9100</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n). <u>Fracture of Pubis & Bowl Perforation. Fr Left Ankle</u>			19. WAS AUTOPSY PERFORMED? <u>YES</u> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by falling tree that had rotted.</u>		
20c. TIME OF INJURY. Hour <u>12:25</u> Month <u>Aug</u> Day <u>27</u> Year <u>57</u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Webster Groves, St. Louis, MO</u>	20g. COUNTY <u>St. Louis</u> STATE <u>MO</u>
21. I attended the deceased from <u>8-27-57</u> to <u>8-28-57</u> and last saw her alive on <u>8-28-57</u> Death occurred at <u>12:25 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title)	22b. ADDRESS <u>601 So. Brentwood</u>	22c. DATE SIGNED <u>8-29-57</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-31-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON'S</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis Co MO</u>
24. FUNERAL DIRECTOR <u>Russell Undt. Co.</u> ADDRESS <u>2732 Pine Blvd.</u>		25. DATE REG. BY LOCAL REG. <u>8 30 57</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donke MD</u>

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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OCT 18 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 *James A. Carter*

Licensed Embalmer No. *4*

P. O. Address *St. J.*

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.