

Health,  
Welfare  
Public  
Service

300  
1-56

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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

37657  
STATE FILE NUMBER  
9643  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2842 Delmar</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>2842 Delmar Blvd.</b>	
3. NAME OF DECEASED (Type or print) <b>Artie B. Johnson</b>				4. DATE OF DEATH Month <b>10</b> Day <b>12</b> Year <b>1957</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Abt. 1891</b>		9. AGE (In years last birthday) <b>Abt. 66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pensioner</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Pulasky County, Ill.</b>	
13. FATHER'S NAME <b>Samuel Anderson</b>				14. MOTHER'S MAIDEN NAME <b>Cornelius Anderson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>496-14-7079</b>		17. INFORMANT <b>Doris Brown</b>		Address <b>912 N. Jefferson Madison, Ill.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerotic Heart Disease</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arterio Sclerosis</b>		DUE TO (c) <b>420.0</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour <b>10:00</b> Month <b>10</b> Day <b>16</b> Year <b>1957</b> a. m. p. m.							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>10/16/57</b> to <b>10/16/57</b> and last saw her/him alive on <b>10/16/57</b> Death occurred at <b>1062A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Devisor or title) <i>[Signature]</i>				22b. ADDRESS <b>1300</b>		22c. DATE SIGNED <b>10/16/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>10-16-57</b>		<b>Greenwood Cemetery</b>		<b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Peoples-Under taking Co.</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 16 '57</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*[Signature]*  
M-13.

*W. E. Embalm*

**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.....  
*Lewis Gibson*  
per person

Licensed Embalmer No.....  
P. O. Address.....

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.