

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV. 19 1957

42167  
STATE FILE NUMBER 10677

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		Length of stay in lb 2 days	STREET ADDRESS 220 2625a Howard		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Queen			First	Middle	Last Johnson
5. SEX Female		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 5 1877
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 6 Days 1	IF UNDER 24 HRS. Hours Min.		4. DATE OF DEATH Month 11 Day 6 Year 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Baldwin, Miss.	
13. FATHER'S NAME Green Betts			14. MOTHER'S MAIDEN NAME Maria Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Annie Smith : 2625 Howard St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ENCEPHALOMALACIA DUE TO (b) CEREBRAL ARTERIOSCLEROSIS 332x DUE TO (c) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year 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 9-20-57 to 11-6-57 and last saw her <sup>her</sup> <del>him</del> alive on 11-6-57 Death occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) Paul H. Larson, M.D.				22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 11-8-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov 12 57		23c. NAME OF CEMETERY OR CREMATORY Washington Park	
				23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
24. FUNERAL DIRECTOR J. H. RANDLE & SON		ADDRESS 3133 Bell Ave.		25. DATE RECD. BY LOCAL REG. NOV. 9 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith					

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St. Louis

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Howard C. Phillips

Johnson

Johnson

Johnson

Johnson

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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. ....

<sup>X</sup> working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Esther K. Harris*

Licensed Embalmer No. *44*

P. O. Address *418 1/2 Adams*

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.