

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011815  
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar 1755

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 checked="" 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 <i>Homer G. Phillips</i>			Length of stay in lb <i>10 days</i>		d. STREET ADDRESS <i>2812 Stoddard</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Anna</i> Middle Last <i>Johnson</i>				4. DATE OF DEATH Month <i>2</i> Day <i>12</i> Year <i>58</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Col.</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <i>WIDOWED</i> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>about 77</i>		9. AGE (In years last birthday) 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) <i>Housework</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		11. BIRTHPLACE (City and state or country) <i>Sturgis, Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Newton Curry</i>				14. MOTHER'S MAIDEN NAME <i>Lucy ?</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Lula Nell Hester</i> Address <i>4213 South Parkway</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon Monoxide Poison</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E9166 40 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GIVEN IN PART I(n) <i>From inhalation of smoke from fireplace</i>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I for Part II of item 18) <i>quitting at 2812 Stoddard St., on February 2nd 1958.</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour <i>7</i> Month <i>2</i> Day <i>2</i> Year <i>58</i> 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.) <i>21</i>		20f. CITY, TOWN, OR LOCATION <i>000</i> COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>525</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>James M Kelly</i> (Degree or title) <i>Deputy</i>				22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED <i>2-14-58</i>	
23a. BURIAL, CREATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-14-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington</i>		23d. LOCATION (City, town, or county) (State) <i>E. St. Louis, Illinois</i>			
24. FUNERAL DIRECTOR <i>C. J. Nash &amp; Sons</i> ADDRESS <i>111 N. 13th</i>				25. DATE RECD. BY LOCAL REG. <i>FEB 14 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, MD</i> <i>S.P.</i>			

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *M. James*.....  
Licensed Embalmer No...44

P. O. Address *111 N. 13*.....

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.