. No. 300
. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

59-016118
State File No.

FILED MAY 15 1959

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1285

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 56 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 229 E. WOODBINE AVE.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4723
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 229 E. Woodbine Ave

**3. NAME OF DECEASED** (Type or Print)
a. (First): Matilda
b. (Middle):
c. (Last): Johnson

**4. DATE OF DEATH** (Month) (Day) (Year): May 3 1959

**5. SEX**: Female
**6. COLOR OR RACE**: Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Aug. 1. 1864
**9. AGE** (In years last birthday): 94 — IF UNDER 1 YEAR: Months 9, Days 2 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House-Wife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Jefferson County Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Madison Brown
**13b. MOTHER'S MAIDEN NAME**: Ruth Ellen Berry
**14. NAME OF HUSBAND OR WIFE**: Mack Johnson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No.
(If yes, give war or dates of service): No.
**16. SOCIAL SECURITY NO.**: No.
**17. INFORMANT'S SIGNATURE OR NAME**: Lusinda Mitchell
**ADDRESS**: 3103 Sherdan

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* May 3, 1958, *to* May 3, 1959, *that I last saw the deceased alive on* April 20, 1959, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Philip F. Doley, M.D. (Degree or title)
**23b. ADDRESS**: 714 S. Kirkwood Rd Kirkwood 22, Mo.
**23c. DATE SIGNED**: 5-8-59

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 9th 59
**24c. NAME OF CEMETERY OR CREMATORY**: Father Dickson Cem.
**24d. LOCATION** (City, town, or county) (State): Crestwood Mo.

**DATE REC'D BY LOCAL REG.**: 5-8-59
**REGISTRAR'S SIGNATURE**: John C. Murphy M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: John W. Hemphill
**ADDRESS**: 408 S. Fillmore

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No 4441

P. O. Address 408 S Fillm

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