

REGISTRATION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004661

FILED VS JAN 11 1960

STATE FILE NUMBER

Registration District No. 39 Primary Registration District No. 4469 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		Length of stay in 1b <u>3 YRS</u>	c. CITY OR TOWN <u>STE. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>264 N 3RD ST</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>264 N. 3RD ST</u>	
3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>MAY</u> Last <u>JOHNSON</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>6</u> Year <u>1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/10/78</u>	9. AGE (last birthday) <u>81</u>
				IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HR Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MIKE LA MOTTE MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>THOMAS ELLIS</u>		13b. MOTHER'S MAIDEN NAME <u>DICKY MURRY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN JOHNSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT 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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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: _____	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 <u>STE. GENEVIEVE</u>	COUNTY <u>MO.</u>	STATE
21. I attended the deceased from <u>JULY 1958</u> to _____ and last saw her/him alive on <u>12/21/59</u> Death occurred at <u>4:35 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Stanley J. Gluck D.O.</u>		22b. ADDRESS <u>690 ROZIER</u>		22c. DATE SIGNED <u>1/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. TRINITY</u>	23d. LOCATION (City, town, or county) (State) <u>LEMAX, MISSOURI</u>		
24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1/8/60</u>	26. REGISTRAR'S SIGNATURE <u>Stanley J. Gluck</u>		

2301 LAFAYETTE, ST. LOUIS, MO. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 1 1982

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Louis

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.