MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-012834

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3021 STATE FILE NUMBER

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ST. Louis
c. CITY OR TOWN: Moline Acres — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1350 Chambers Rd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First AUGUSTA Middle R. Last JOHNSON
4. DATE OF DEATH: Month MARCH Day 19 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-22-1877
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): ST. Louis Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Byron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Berenice Vail — Address: 1350 Chambers Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 9½ HOURS
DUE TO (b): INTERTROCHANTERIC FRACTURE OF RIGHT HIP — 1 WEEK
DUE TO (c): 9040-21
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
OK [signature] Dep. 10-6-62 3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): FELL IN KITCHEN OF HOME, STRIKING HER RIGHT HIP
20c. TIME OF INJURY: Hour 6:00 p.m. Month, Day, Year: MARCH 12, 1962
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 35 HOME
20f. CITY, TOWN, OR LOCATION: ST. LOUIS 37, MISSOURI — COUNTY — STATE

21. I attended the deceased from NOVEMBER 7, 1954, to MARCH 19, 1962 and last saw her/him alive on MARCH 19, 1962
Death occurred at 9:17 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. C. Vermillion, M.D. M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 3/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-21-62
23c. NAME OF CEMETERY OR CREMATORY: ST. Peters Cem
23d. LOCATION (City, town, or county): St Louis Co (State) Mo

24. FUNERAL DIRECTOR: O'Sullivan Muckle Kroll — ADDRESS: 8806 Jennings Rd
25. DATE RECD. BY LOCAL REG.: MAR 20 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

MEDICAL CERTIFICATION

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 Herbert J. Gen Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 27 Mo.

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.