MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016924

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4245

VS 300 Rev. 4/59

1 / 2 8120 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 74-0 / 13 / 74

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3	Rosanne Johnson	Rose Ann Johnson	5/10/62

BY AFFIDAVIT OF Informant DOCUMENT

Edward A. Smolik
USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Alexander
c. CITY OR TOWN: Cairo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1612 Poplar — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ~~ROSE~~ ROSANNE Middle ~~ANN~~ Last JOHNSON
4. DATE OF DEATH: Month April Day 23, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-7-33
9. AGE (last birthday): 28 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Cairo, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Carl Swoboda
13b. MOTHER'S MAIDEN NAME: Anna Bucher
14. NAME OF HUSBAND OR WIFE: Richard Johnson
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: Richard Johnson, Address: Cairo, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Post operative Cause ~~Undetermined~~ as pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 300.7
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. ☒ 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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/9/62, to 4/23/62 and last saw her/him alive on 4/23/62
Death occurred at 12:30 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edw. A. Smolik — Edward A. Smolik MD
22b. ADDRESS: Doctors Bldg 1002 Eucl
22c. DATE SIGNED: 4/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-25-62
23c. NAME OF CEMETERY OR CREMATORY: Cairo Cemetery
23d. LOCATION (City, town, or county) (State): Cairo, Ill.

24. FUNERAL DIRECTOR: Berbling-Karcher, ADDRESS: CAIRO, ILL.
25. DATE RECD. BY LOCAL REG.: APR 24 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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

Student_____ Signature of Student Embalmer

Not Embalmed
John J. Kassly III

Signed_____

Licensed Embalmer No. 5039

P. O. Address_____

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.