

28238

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7876

FILED SEP 13 1951

BIRTH NO. 47760-51 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 7876

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>14 hrs, 40 min</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Peoples Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2825 Sheridan Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnnie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Fortson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>July 25, 1951</u>
9. AGE (In years last birthday) <u>3</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>John Fortson</u>		13b. MOTHER'S MAIDEN NAME <u>Sular A. Gray</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Sular A. Fortson</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>7620</u>		22. I hereby certify that I attended the deceased from <u>July 25, 1951</u> , to <u>July 25, 1951</u> , that I last saw the deceased alive on <u>July 25, 1951</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>My family</u>		23b. ADDRESS <u>4105-a-Easton</u>	
23c. DATE SIGNED <u>7/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>SEP 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Home</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	
DATE REC'D BY LOCAL REG. <u>SEP 5 1951</u>		REGISTERAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>		ADDRESS <u>116 1/2 Manchester Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.