

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35280**

FILED NOV 15 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9474**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 6 5325 Patton 206/10			
3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) NMN c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) October 26, 1955		
5. SEX A		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
married		8. DATE OF BIRTH April 10 1889		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
Sandwich Seller		None		Haskell, Pennsylvania	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
USA		Walter Johnson		Leona	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Louise Ross		No		_____	
17. INFORMANT'S SIGNATURE OR NAME		18. CAUSE OF DEATH			
Earline Johnson 5325 Patton		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatorenal failure		INTERVAL BETWEEN ONSET AND DEATH 4 Days	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Carcinoma of Liver	
		DUE TO (c)		5 Months	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		156.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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?	
22. I hereby certify that I attended the deceased from 10/17 , 19 55 , to 10/26 , 19 55 , that I last saw the deceased alive on 10/26 , 19 55 , and that death occurred at 9:05 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE H. Bradley		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 10/27/55		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
General		Nov. 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo		24e. FUNERAL DIRECTOR'S SIGNATURE C. B. Kosove		ADDRESS 1221 N. Grand	
DATE REC'D BY LOCAL REG. OCT 31 1955		REGISTRAR'S SIGNATURE Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Kosove	

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.....
Signature of Student Embalmer

Signed *Milvin Blackman*.....

Licensed Embalmer No. *396*

P. O. Address *1221 N 9th*

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.