

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15419**

Registrar's No. **838**

FILED MAY 6 1943
Registration District No. **317**

Primary Registration District No. **3064**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Ferguson**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
12 Royal, Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis,**

(c) City or town **Ferguson,**
(If outside city or town limits, write "RURAL")

(d) Street No. **# 12 Royal, Ave.,**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or/No)
If yes, name country.....

3. (a) PRINT FULL NAME **DRUE HENTON JOHNSON.**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Gladys Johnson**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Dec. 14th 1879**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 63 | 3 | 20 | hr. min. |

9. Birthplace **Palestine, Texas. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auditor**

11. Industry or business **Lungstras Cleaning Co.**

MOTHER FATHER

12. Name **unknown**

13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gladys Johnson.**

(b) Address **12 Royal Ave.**

17. (a) **cremation** (b) Date thereof **4-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **C.R. Linton & Sons.**

(b) Address **7233 Delmar, Blvd.**

19. (a) **4-6-43** (b) **C. G. McQuinn, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th**
year **1943** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **several**
years 19... to **4/4/43** 19...
that I last saw him alive on **4/4/43** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Gonorrhea**
infans

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **C. G. McQuinn, M.D.** (M. D. or other)

Address **4580 Olive** Date signed **4/5/43**

Dr. C. W. Bassett
Luther Bldg - 4500 Olive
FO 3800
2 - 4 P.M. 218

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.....

Paul Lemmer, Registered Apprentice No. 351
working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. 2901

P. O. Address *University City - 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 this body is not embalmed, fact should be so stated above.