

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2851
319

FILED JAN 19 1949

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 319

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY AD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp		STREET ADDRESS (If rural, give location) 21 1125 N. 21st Street	
3. NAME OF DECEASED a. (First) Luther		b. (Middle)	
		c. (Last) Johnson	
4. DATE OF DEATH (Month) (Day) (Year) 1-5-49		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 5-6-1881		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Hines County, Miss.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charley Johnson		13b. MOTHER'S MAIDEN NAME Hazel Thomas	
14. NAME OF HUSBAND OR WIFE Bessie Johnson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Address Wilca Vaughn 1125 N. 21st St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Prostate; Bronchiectasis; Nodular hyperplasia	
INTERVAL BETWEEN ONSET AND DEATH Undet.		Undet.	
19a. DATE OF OPERATION Autopsy		19b. MAJOR FINDINGS OF OPERATION See diagnosis 491	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	
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 Dec. 24, 1948, to Jan 5, 1949, that I last saw the deceased alive on Jan. 5, 1949, and that death occurred at 9:40 a., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Oscar L. Daniels M. D.		23b. ADDRESS 2601 N Whittier	
23c. DATE SIGNED 1/6/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-12-49		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 12 1949 J. B. Pasater			

OCT 10 1956

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.