

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY State Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis	c. LENGTH OF STAY (In this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) Brentwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11		d. STREET ADDRESS (If rural, give location) 8700 Darling Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) OSCAR	b. (Middle) W.	c. (Last) JOHNSON	M. D.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1949
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours 7	IF UNDER 24 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon	10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (State or foreign country) Memphis, Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Charles Johnson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hattie Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hattie Johnson	ADDRESS 8700 Darling
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/10/49x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		
	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. 450° 97		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan. 10, 1949**, to **Jan. 16, 1949**, that I last saw the deceased alive on **Jan. 16, 1949**, and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul T. Hartman M.D.	23b. ADDRESS 5400 Arsenal St	23c. DATE SIGNED Jan 17, '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. JAN 20 1949	REGISTRAR'S SIGNATURE J. B. Hasater	25. FUNERAL DIRECTOR'S SIGNATURE C. B. Kerner	ADDRESS 1221 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mailed

APR 23 1951

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.

Signed *Stafford E. Cooper*

Signed _____
Student Embalmer

Licensed Embalmer No. *4600*

P. O. Address *1771 Grand ave*

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.