

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17388**
Registrar's No. **4690**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4690	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 22 = 2822 a Bernard St	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) Cloteal		b. (Middle) _____		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) 5 25 1949	
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12th, 1922	
9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		11. BIRTHPLACE (State or foreign country) U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME W.E. AMECKER		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John W. Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 488-30-7047		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Johnson 2822 a Bernard 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) Fracture of skull; Subdural hemorrhage when struck by a truck driven by one Nathaniel Walker (col) in front of 2601 Bernard St. ANTECEDENT CAUSES 'Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) truck driven by one Nathaniel Walker (col) in front of 2601 Bernard St. DUE TO (c) fracture of skull II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. drained 750 cc May 25 1949.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Criminal Carelessness				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Criminal Carelessness		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO MO		21d. HOW DID INJURY OCCUR 21	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 25 49 7:50 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:28 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Delvin C. Doyle 3				23b. ADDRESS 1300 Clark Ave.		23c. DATE SIGNED 5-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-31-1949		24c. NAME OF CEMETERY OR CREMATORY MAGNOLIA		24d. LOCATION (City, town, or county) (State) MISSISSIPPI	
DATE REC'D BY LOCAL REG. MAY 28 1949		REGISTRAR'S SIGNATURE J B Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Fun, Home 2820 Stoddard St.			

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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address 132

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.