

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1949

21226

State File No. 5200
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) F- 5525 Enright Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JOHN	b. (Middle) MORGAN	c. (Last) JOHNSON.	June 14, 1949		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	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) Retired, Mo. Pac. R.R.	10b. KIND OF BUSINESS OR INDUSTRY Supervisor Claim Dpt.	11. BIRTHPLACE (State or foreign country) Los Angeles, California	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Moss Foster.	13b. MOTHER'S MAIDEN NAME Martha Catherine Foster.	14. NAME OF HUSBAND OR WIFE Ruth McGahey.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-24-1766	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth M. Johnson	ADDRESS 5525 Enright Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mos. Cps.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis, Mo. 93
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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? 4200
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22. I hereby certify that I attended the deceased from 6/11, 1949, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949 and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23. SIGNATURE Charles J. Felty, M.D.	(Degree or title) M.D.	23b. ADDRESS 1755 S. Grand, St. Louis, Mo.	23c. DATE SIGNED 6/15/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6/17/49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL JUN 15 1949	REGISTRAR'S SIGNATURE J. B. Pasator	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

7.11.19

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 Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

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.