

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 24951
6646

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>18 3420 Walnut</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			3. NAME OF DECEASED a. (First) <u>Charlie</u> b. (Middle) _____ c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>14</u> (Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 28-1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>		11. BIRTHPLACE (State or foreign country) <u>Unk</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Unk</u>		13b. MOTHER'S MAIDEN NAME <u>Unk</u>		14. NAME OF HUSBAND-OR WIFE <u>Lillian Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Johnson - 2420 Walnut</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Arteriosclerotic Gangrene of Rt 4th & 5th Toes Undet</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>930</u>		21f. HOW DID INJURY OCCUR? <u>4570</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>July 8, 1949</u> to <u>July 14, 1949</u> that I last saw the deceased alive on <u>July 14, 1949</u> , and that death occurred at <u>8:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. E. Lee M D</u>			23b. ADDRESS <u>2601 N Whittier</u>			23c. DATE SIGNED <u>7-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis U. Anatomical Burial</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-31-49</u>		REGISTRAR'S SIGNATURE <u>J. B. Croaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bowland Mortuary Service, Inc. 1049 N. Grand St. St. Louis 10, Mo.</u>			

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

76057

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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.