

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24955

State File No. 6209
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6209		Registrar's No. 1003						
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).										
a. COUNTY				a. STATE Missouri		b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis								
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 755 7052 Nashville										
3. NAME OF DECEASED			a. (First) Robert			b. (Middle) McClellan			c. (Last) Johnson			4. DATE OF DEATH		
(Type or Print)									(Month) July			(Day) 16		
(Year) 1949														
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 10, 1890		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 11 Days 6		IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Luther Johnson				13b. MOTHER'S MAIDEN NAME Margaret Castell				14. NAME OF HUSBAND OR WIFE Alice Krueger Johnson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 489-01-2924		17. INFORMANT'S SIGNATURE OR NAME Alice Johnson, 7052 Nashville, St. Louis, Mo						ADDRESS		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH				
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						5 days				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES										
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) Coronary Sclerosis				
										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 checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 940								
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? 4501								
22. I hereby certify that I attended the deceased from 7/11 , 19 49 , to 7/16 , 19 49 , that I last saw the deceased alive on 7/16 , 19 49 , and that death occurred at 12:50 p.m. , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Arthur E. Strawn, M.D.						23b. ADDRESS 532 N. Grand			23c. DATE SIGNED 7/16/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-49		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage Missouri								
DATE REC'D BY LOCAL REG. JUL 17 1949		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster Inc. 6633 Clayton Rd.						ADDRESS		

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address _____

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.