

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31879

State File No.

318

1003

Registrar's No. 8184

BIRTH NO.		REG. DIST. NO.		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 Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) township			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4433a North Market Street					
3. NAME OF DECEASED (Type or Print) Fred		a. (First)		b. (Middle)		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1949	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 27, 1882		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months 1 Days 25	11. UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.		11. BIRTHPLACE (State or foreign country) Festus, Missouri		12. CITIZEN OF WHAT COUNTRY? A.			
13a. FATHER'S NAME Louis Johnson			13b. MOTHER'S MAIDEN NAME Temple Barnhardt			14. NAME OF HUSBAND OR WIFE Katie Johnson			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Katie Johnson				ADDRESS 4433a North Market	
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Mediastinum involving back lining DUE TO (c)				INTERVAL BETWEEN ONSET AND 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., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X					
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 3:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <i>Clara Perry</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/22/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-24-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. SEP 22 1949		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>E. B. Roove</i>		ADDRESS 1221 N. Grand		

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.....

Jeoffie E. Cooper
.....
Licensed Embalmer No. 4600

P. O. Address 1221 S. Grand

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.