

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38884

State File No. 9482

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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. 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) 27-3010 Pine Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Ed	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1949
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10	IF UNDER 2 HRS. Days 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Independent	11. BIRTHPLACE (State or foreign country) Louisiana	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob Johnson	13b. MOTHER'S MAIDEN NAME Nannie ?	14. NAME OF HUSBAND OR WIFE Ollie Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-01-0375	17. INFORMANT'S SIGNATURE OR NAME Ollie Johnson	ADDRESS 3010 Pine Street
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensation DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

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)
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? 9:30 AM 11-24-49 X

22. I hereby certify that I attended the deceased from 10-23, 1949, to 10-29, 1949, that I last saw the deceased alive on 10-29, 1949, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE Edward Hedrick (Degree or title) D. V.	23b. ADDRESS 2601 N. Whittier St.	23c. DATE SIGNED 10-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-5-1949	24c. NAME OF CEMETERY OR CREMATORY Father Dickson	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. NOV 3 1949	REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	ADDRESS 3133 Bell Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. J. Kato on

Licensed Embalmer No. *2691*

P. O. Address

2769 Chouteau

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.