No. 300
10.48

FILED FEB 3 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

2644

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 81

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4175 Enright Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 4175 Enright Ave

**3. NAME OF DECEASED** (Type or Print) a. (First) WILLIAM b. (Middle) c. (Last) Johnson

**4. DATE OF DEATH** (Month) (Day) (Year) Jan. 23 - 50

**5. SEX** Male **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Aug. 10. 1894 **9. AGE** (In years last birthday) 55 IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Watchman **10b. KIND OF BUSINESS OR INDUSTRY** Packing House **11. BIRTHPLACE** (State or foreign country) Tenn. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Samuel Johnson **13b. MOTHER'S MAIDEN NAME** Mary Humphry **14. NAME OF HUSBAND OR WIFE** Hazel Johnson

**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** Hazel Johnson **ADDRESS** 4175 Enright

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Renal Disease

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION** **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

**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) NONE

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1949, *to* 1/23, 1950, *that I last saw the deceased alive on* 19 *and that death occurred at* 12-30 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) **23b. ADDRESS** 117 Jefferson Ave **23c. DATE SIGNED** 1/25/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 1-28-1950 **24c. NAME OF CEMETERY OR CREMATORY** Washington Park **24d. LOCATION** (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. JAN 25 1950 REGISTRAR'S SIGNATURE **25. FUNERAL DIRECTOR'S SIGNATURE** Atkins Bros **ADDRESS** 3644 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

## 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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

**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.