

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6364

Registrar's No. 1466

BIRTH NO. 11990-50		REG. DIST. 318		PRIMARY REG. DIST. 1003		Registrar's No. 1466			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 217 Bowman				8	
3. NAME OF DECEASED (Type or Print) Baby Don Johnson			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 2-9-50		(Month) (Day) (Year)		5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2-8-50		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Johnnie Lee Johnson			13b. MOTHER'S MAIDEN NAME Clotea Carr			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Johnnie Lee Johnson			ADDRESS 217 Bowman		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia DUPLICATE (b) Atelectasis DUPLICATE (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 <input type="checkbox"/> NO <input checked="" 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) 7620		(STATE)			
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?					
22. I hereby certify that I attended the deceased from 2/8, 1950, to 2/9, 1950, that I last saw the deceased alive on 2/9, 1950 and that death occurred at 3:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edgar J. Worsan				23b. ADDRESS 9300 LWR			23c. DATE SIGNED 2/10		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-14-50		24c. NAME OF CEMETERY OR CREMATORY Bookers Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois			
DATE REC'D BY LOCAL REG. FEB 14 1950		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Page		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.

Signed C. J. Nash.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page.....

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.