

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11499

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 6076	Registrar's No. 718
1. PLACE OF DEATH a. COUNTY St. Louis		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 town(ship)) Koch (rural)		c. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis		
c. LENGTH OF STAY (in this place) 90 days		d. STREET ADDRESS (If rural, give location) 2814 Elliott		
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) -		c. (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year) 3-16-50				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-3-92	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 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	11. BIRTHPLACE (State or foreign country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Mark Johnson		13b. MOTHER'S MAIDEN NAME Henrietta Brown		14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 334-90-7220		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 1 yr. (?)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (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 12-16-1949 , to 3-16-50 , that I last saw the deceased alive on 3-16-50 , 19 50 , and that death occurred at 8:14A on 3-16-50 , from the causes and on the date stated above.				
23a. SIGNATURE (Type or Print) Thomas H. Cole, M.D.		23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 3-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-20-50		24c. NAME OF CEMETERY OR CREMATORY Antonia's & Bond
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DRESSER'S SIGNATURE Rowland Mortuary Service Inc.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 20 1950 Herbert C. Dombey, M.D.		ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.		

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

(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.....

Licensed Embalmer No.

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.