No. 300
10.48

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15402

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1133

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL — KOCH
c. LENGTH OF STAY (in this place): 1001 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 4170 LINDELL

3. NAME OF DECEASED (Type or Print): a. (First) LUCILLE b. (Middle) c. (Last) JOHNSON

4. DATE OF DEATH: (Month) April (Day) 21 (Year) [illegible]

5. SEX: Female
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 8 1908
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 7 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Candy Mixer
10b. KIND OF BUSINESS OR INDUSTRY: Hez Candy Co
11. BIRTHPLACE (State or foreign country): New Orleans, LA
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Anerson BRAZIL
13b. MOTHER'S MAIDEN NAME: Ellen STEDMAN
14. NAME OF HUSBAND OR WIFE: Eddie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 427-03-3204
17. INFORMANT'S SIGNATURE OR NAME: Hospital record - Robt Koch Hosp. ADDRESS: [illegible]

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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
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)

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* July 25, 1947, *to* April 21, 1950, *that I last saw the deceased alive on* April 21, 1950, *and that death occurred at* 5:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Cohen M.D. O
23b. ADDRESS: Robt Koch Hosp. Koch Mo
23c. DATE SIGNED: April 21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL N
24b. DATE: 4-29-50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: 5-2-50
REGISTRAR'S SIGNATURE: Herbert K. Klondike M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: J. H. Harrison Hud. Co. ADDRESS: 2906 Lawton

(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 at College of Mortuary Science, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

P. O. Address St. Louis, Mo.

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.