

KC-1 556 3003
 St. Louis, Mo.
 FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25638
 Registrar's No. 1635

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN JEFF. BRKS, MO.		c. CITY OR TOWN FERGUSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. STREET ADDRESS (If rural, give location) 329 Carson Road	

3. NAME OF DECEASED (Type or Print) ERNEST	a. (First)	b. (Middle) L.	c. (Last) JOHNSON	4. DATE OF DEATH JULY 3, 1950 (Month) (Day) (Year)
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-12-97	9. AGE (In years last birthday) 52	10 UNDER 1 YEAR Months 6	11 UNDER 1 MIN. Hours 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist	10b. KIND OF BUSINESS OR INDUSTRY for self	11. BIRTHPLACE (State or foreign country) Mt. Vernon, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ROBERT JOHNSON	13b. MOTHER'S MAIDEN NAME AMELIA ?	14. NAME OF HUSBAND OR WIFE ANNIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS		INTERVAL BETWEEN ONSET AND DEATH 5811
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC ALCOHOLISM		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-14-50, 19__, to 7-3-50, 19__, and that death occurred at 11:05A.M., from the causes and on the date stated above.

23a. SIGNATURE J. E. Stull (or title) CHIEF, PROFESSIONAL SVCS.	23b. ADDRESS V.A. HOSPITAL, JEFF. BRKS, MO.	23c. DATE SIGNED 7-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-6-50	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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DATE REC'D BY LOCAL REG. 7-4-50	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U&L COMPANY, St. Louis, Mo.
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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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P.O. Address *7814 S. Broadway*

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.