

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25639**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **21841**

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 OR TOWN Koch (rural))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 736 days		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital		d. STREET ADDRESS (If rural, give location) 1420a Cole	

3. NAME OF DECEASED (Type or Print) a. (First) Glycerine b. (Middle) - c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1950		
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5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-27-22		9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Atkins, Arkansas			12. CITIZEN OF WHAT COUNTRY U.S.A.		
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13a. FATHER'S NAME Maxie Bruton			13b. MOTHER'S MAIDEN NAME Odeessa Blaneon			14. NAME OF HUSBAND OR WIFE Willie Johnson		
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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. ??		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp.		ADDRESS _____	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis						??	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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.				002X	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Right Thoracoplasty; Right Pneumonectomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 **7-23-48**, 19____, to **7-29-50**, 19____, that I last saw the deceased alive on **7-29-50**, 19____, and that death occurred at **1:40Am.**, from the causes and on the date stated above.

23a. SIGNATURE Bernard Friedman (Degree or title) M.D.		23b. ADDRESS Robert Koch Hospital		23c. DATE SIGNED 7-29-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/3/50		24c. NAME OF CEMETERY OR CREMATORY HAYTIN MO		24d. LOCATION (City, town, or county) _____ (State) _____	
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DATE REC'D BY LOCAL REG. 8-1-50		REGISTRAR'S SIGNATURE Herbert S. ...		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN SMITH		ADDRESS 4347 N. ...	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 29 1907

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 *Lawrence Woodson*

Licensed Embalmer No. *4341*

P. O. Address *1907 Grade St*

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.