

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1950

State File No. **34960**
 9053

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9053			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp				STREET ADDRESS (If rural, give location) 2730 LANTON AVE.					
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle)		c. (Last) JOHNSON		
4. DATE OF DEATH		(Month) (Day) (Year)		10-23-50					
5. SEX MALE		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH MARCH 15 1895			
9. AGE (In years) 55 yrs		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? yes			13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Mabel Stone		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			(If yes, give war or dates of service) WAR # 1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Phelena Johnson		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					ADDRESS 1020 2nd St Comp		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cardio Vascular disease					INTERVAL BETWEEN ONSET AND DEATH 5 yrs		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 _____					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) _____ (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? HIT BY X					
22. I hereby certify that I attended the deceased from Jan 19 41 , to 10/20 , 19 50 , that I last saw the deceased alive on 10-20 , 19 50 , and that death occurred at 2:30P m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				U (Degree or title) _____		23b. ADDRESS 11 N Jefferson Ave			
23c. DATE SIGNED 10/24		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-26-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL			
24d. LOCATION (City, town, or county) _____ (State) _____		24e. FUNERAL DIRECTOR'S SIGNATURE Bennie Stone		ADDRESS 3103 Washington					
DATE REC'D BY LOCAL REG. OCT 25 1950		REGISTRAR'S SIGNATURE [Signature]							

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

St. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.