

STANDARD CERTIFICATE OF DEATH

State File No. **43105**

4003
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>2955</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>22 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1224a Madison St.</u> <u>6</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Herman</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5th 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 29, 1891</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois /</u>				12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>				
13a. FATHER'S NAME <u>Charles W. Johnson</u>				13b. MOTHER'S MAIDEN NAME <u>Effie Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Louise Johnson</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>			16. SOCIAL SECURITY NO. <u>W.W.1 499-05-1061</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinical Records, U.S. Marine Hosp. Kirkwood</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bacterial pericarditis with sero-purulent effusion</u>										<u>approx. 4da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis due to infection;</u>										<u>4 yrs.</u>	
		DUE TO (c) <u>Bronchopneumonia, termina.</u>										<u>8 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Ulcer of stomach, multiple; Calculus, biliary, cystic duct Calculus in gallbladder</u>										<u>unknown ap. 2 yrs.</u> <u>6 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hydrops of gall bladder</u>										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>526X</u>								
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?									
22. I hereby certify that I attended the deceased from <u>Nov. 13, 1950</u> , to <u>Dec. 5th, 1950</u> , that I last saw the deceased alive on <u>Dec. 5th, 1950</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>W. H. Stimson</u> (Degree or title) <u>Surg. USPHS</u>						23b. ADDRESS <u>U.S. Marine Hosp., Kirkwood, Mo.</u>			23c. DATE SIGNED <u>Dec. 6, 1950</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>12/8/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.</u>							

8161-1918
26-1918
3/24

1916, 1917

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 Louis E. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

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.