

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10248
2560

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 2560											
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 town or township) TOWN St. Louis				c. LENGTH OF STAY (In this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2189									
d. FULL NAME OF HOSPITAL OR INSTITUTION Boyle & Chouteau Aves.				STREET ADDRESS (If rural, give location) 4396 Chouteau Ave.				ADDRESS _____									
3. NAME OF DECEASED (Type or Print)			a. (First) CHRISTIAN			b. (Middle) J.			c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) Mar. 18 1951					
5. SEX Male <u>D</u>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>/</u>		8. DATE OF BIRTH June 5, 1898		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Building Trades				11. BIRTHPLACE (State or foreign country) Chicago, Ill. /				12. CITIZEN OF WHAT COUNTRY? /					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Clara Mae Johnson									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Clara M. Johnson				ADDRESS 4396 Chouteau Ave.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) MYOCARDITIS, CHRONIC DUE TO (c) HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY EDEMA (HEART)								INTERVAL BETWEEN ONSET AND DEATH 6 yrs. 12 yrs.					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m. _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? H201									
22. I hereby certify that I attended the deceased from June 1, 1948, to March 19, 1951, that I last saw the deceased alive on March 19, 1951, and that death occurred at 8:00 P.M., from the causes and on the date stated above.																	
23a. SIGNATURE Joseph R. Macko, M.D.						23b. ADDRESS 1303 N. Kingshighway						23c. DATE SIGNED 3/19/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Mar. 22, 1951				24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 19 1951				REGISTRAR'S SIGNATURE J.B. Parson				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl.					

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Edwin A. McHerratt*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3024*.....

P. O. Address.....

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.