FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

21636

State File No.

BIRTH NO. 41350-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 2429

**1. PLACE OF DEATH**

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park

c. LENGTH OF STAY (in this place): 1½ Hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arnold Rd., Valley Park

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: Mo. b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 76 Valley Park 4761

d. STREET ADDRESS (If rural, give location): Arnold Grove, General Delivery 0

**3. NAME OF DECEASED** (Type or Print)

a. (First): John b. (Middle): Thomas c. (Last): Johnson

**4. DATE OF DEATH** (Month) (Day) (Year): June 13, 1951

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0

**8. DATE OF BIRTH**: June 13, 1951

**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min. 30

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Child

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Valley Park 0

**12. CITIZEN OF WHAT COUNTRY?**: America

**13a. FATHER'S NAME**: Grover Johnson, Jr.

**13b. MOTHER'S MAIDEN NAME**: Norma McKinnon

**14. NAME OF HUSBAND OR WIFE**:

**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** ADDRESS: Norma Johnson, Valley Park

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hydramnion

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**: 773.5

**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 2 PM 6/13, 1951, *to* 3 PM 6/13, 1951, *that I last saw the deceased alive on* 6/13, 1951, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clara M Geberr. MD

**23b. ADDRESS**: Valley Park, Mo

**23c. DATE SIGNED**: 6/14/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0

**24b. DATE**: June 14, 51

**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill Cemetery

**24d. LOCATION** (City, town, or county) (State): Kirkwood

**DATE REC'D BY LOCAL REG.**: 6-14-51

**REGISTRAR'S SIGNATURE**: Herbert R Domke MD

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Meyer Pfitzinger Kirkwood

(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. This Baby was not embalmed

Student Embalmer No.....

Signed William H. Fitzgerald

Signed.....
Student Embalmer

Licensed Embalmer No. 4316

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.