

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

24818  
6004

State File No. ....

Registrar's No. ....

**FILED AUG 7 1951**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>0</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 OR TOWN <u>St. Louis</u> )			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )			2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2217 R. Carr Street</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle)		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 51</u>	
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-10-1890</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sand Blaster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Foundry</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Hardy</u>			14. NAME OF HUSBAND OR WIFE <u>Carrine Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-26-4832</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carrine Johnson</u>			ADDRESS <u>2217 R. Carr Street</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) <u>Pulmonary Tuberculosis</u>					
				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 checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>As 2X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>500P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Catharine Taylor Carson</u> (Degree or title)				23b. ADDRESS <u>1365 Clark</u>			23c. DATE SIGNED <u>7-5-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>				
DATE REC'D BY LOCAL REG. <u>AUG 5 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home, Inc. 2820 Stoddard St.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.