

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39200

State File No. ....

DEC 15 1951

318

1003

10794

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) St Louis				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) 2119 OR TOWN ST. LOUIS							
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS				d. STREET ADDRESS (If rural, give location) 3730 <sup>th</sup> COOK AVE											
3. NAME OF DECEASED (Type or Print) a. (First) EMMETT			b. (Middle)			c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) 12 1 51						
5. SEX M 2		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 12 1902		9. AGE (In years last birthday) 49		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)				10b. KIND OF BUSINESS OR INDUSTRY HOTEL				11. BIRTHPLACE (State or foreign country) Newport ARK.			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE Lucille Johnson							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Lucille Johnson				ADDRESS 3730 Cook			
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) 1. Pulmonary Congestion; 2. Third Degree Antecedent Causes Burns of 50% of Body; suffered when DUE TO (b) Deceased clothing became ignited while smoking in bed at his home at DUE TO (c) 3730-Cook Ave., on Nov. 30th, 1951, at about 2:17 P.M. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACCIDENT								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.							
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/30/51 2:17 P.M.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? See Above							
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 8:50 P.M., from the causes and on the date stated above.															
23a. SIGNATURE Joseph M. [Signature]				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 12/3/51							
24a. BURIAL (CREMATION) REMOVAL (Specify)				24b. DATE 12-7-51				24c. NAME OF CEMETERY OR CREMATORY GREENWOOD				24d. LOCATION (City, town, or county) (State) St. Louis Co. MO			
DATE REC'D BY LOCAL REG. DEC 5 1951				REGISTRAR'S SIGNATURE E. Smith				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Walton				ADDRESS 2707 Stoddard			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4291

P. O. Address 4740<sup>th</sup> Levee Pl

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.