

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39201

State File No. ....

FILED NOV 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. **9625**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7222 Stafford Court Afton</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Francis</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 29 1914</b>	9. AGE (In years last birthday) <b>36</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman Bell</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>John W. Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Nos</b>	14. NAME OF HUSBAND OR WIFE <b>Robertus Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>494-01-2710</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robertus Johnson</b> ADDRESS <b>7222 Stafford Afton Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Streptococcus, generis, extreme endotoxemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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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? <b>132X</b>
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22. I hereby certify that I attended the deceased from **MAY 8, 1949**, to **OCT 30, 1951**, that I last saw the deceased alive on **OCT 30, 1951**, and that death occurred at **5:50A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>William W Farley</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>3108 50 grand</b>	23c. DATE SIGNED <b>10-30-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 31 1951</b>	REGISTRAR'S SIGNATURE <b>Paul Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b> ADDRESS <b>3013 Meramec</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR FARLEY  
3108 - S - Grand.

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Jack Harept*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4746

P. O. Address Ad Lais

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.