

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6512

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1464**

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. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2219</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3127 Locust St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		2. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 14, 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>T.</b> c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 14, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Dec. 7, 1871</b>
9. AGE (To years last birthday) <b>80</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Desk Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of St. Louis</b>	11. BIRTHPLACE (State or foreign country) <b>Truxton, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas T. Johnson</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Frances Vercor</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clarence W. Johnson</b>		ADDRESS <b>2609 So. Grand</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Chc. Hypertension</b>	
DUE TO (c) <b>Sensitiz</b>		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		<b>496x</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>2-14, 1952</b> to <b>2-14, 1952</b> , that I last saw the deceased alive on <b>2-14, 1952</b> , and that death occurred at <b>11:30 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Thomas T. Johnson MD</b>		23b. ADDRESS <b>3903 Olive St. Paris 8</b>	
23c. DATE SIGNED <b>2-15-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>2-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 15 1952</b> <b>J.C. Smith MD</b>		ADDRESS <b>4700 Washington Blvd.</b>	

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.....

Student .....  
Student Embalmer

Signed.....

*John S. Bennett*  
Licensed Embalmer No. *4199*  
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.