

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10161  
State File No. ....  
3036  
Registrar's No. ....

APR 12 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2229</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		e. <b>22 15 South 16th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) c. (Last) <b>JOHNSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 22, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNKNOWN</b>	8. DATE OF BIRTH <b>March 31, ?</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OAA</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>OAA</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Andrew</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) <b>Hypertension and arteriosclerosis</b>			
		DUE TO (c) <b>Fractured pneumonia</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>H-201</b>	

22. I hereby certify that I attended the deceased from **3-19-52**, 19\_\_\_, to **3-22-52**, 19\_\_\_, that I last saw the deceased alive on **3-22-52**, 19\_\_\_, and that death occurred at **9:10A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Efron, M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>3-24-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>MAR 31 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Boars</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 31 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland - 4104 Manchester</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.