

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11237**

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **550**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Co.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>St. Louis Co.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINE LAWN</b>		c. LENGTH OF STAY (in this place) <b>19.7 mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINE LAWN MO.</b>		4151
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SHAMROCK REST HOME</b>			d. STREET ADDRESS (If rural, give location) <b>3709 M2 No 12</b>		
3. NAME OF DECEASED (Type or Print) <b>JOHN THOMAS JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>✓</b>	8. DATE OF BIRTH <b>MAR. 26, 1864</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIRESS MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>BOWLING GREEN MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Morris</b>		14. NAME OF HUSBAND OR WIFE <b>Marj McEwin</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>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Marj McEwin</b> ADDRESS _____		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic stenosis &amp; regurgitation 5 years</b> DUE TO (c) <b>Arteriosclerotic heart disease unknown</b>			over
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Blind 6 years, old left hemiplegia 4 yrs,</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4-200-</b>			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? _____	
22. I hereby certify that I attended the deceased from <b>July 27, 1950</b> , to <b>Feb 27, 1952</b> , that I last saw the deceased alive on <b>Feb 26, 1952</b> , and that death occurred at <b>7:00 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>James Littman MD</b> (Degree or title)		23b. ADDRESS <b>8231 Clayton Rd.</b>		23c. DATE SIGNED <b>2/28/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MARCH 2-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BOWLING GREEN</b>		24d. LOCATION (City, town, or county) (State) <b>BOWLING GREEN MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-28-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Bankhead</b> ADDRESS <b>BOWLING GREEN MO.</b>	

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Harold C. Kink* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Bonking Street*

**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.