

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26556

State File No.

No. 300
10-48

FILED AUG 5 13 1952

BIRTH NO. 435131852 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1988

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>4773 Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1038 Shelby</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-5-52</u>	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Kirkwood Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Mose Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Geraldine North</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Johnson</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>776X</u>		
	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"/>
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 7-5-1952, to 7-5-1952, that I last saw the deceased alive on 7-5-1952, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forest Harris M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton 5, Mo</u>	23c. DATE SIGNED <u>7-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATED</u>	24b. DATE <u>7-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS INFIRMARY</u>
24d. LOCATION (City, town, or county) (State) <u>5800 ARSENAL Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Danke MD</u> ADDRESS <u>St. Louis County Hospital, Clayton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-25-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke MD</u>	

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

Not Embalmed



Curtis H. Lohr, M.D.
Supt. & Medical Director

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.