

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36527

OCT 21 1952

State File No. \_\_\_\_\_

9165

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
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 town or ST. Louis; Missouri)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		2169 n	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				d. STREET ADDRESS (If rural, give location) <b>3526a S. Spring</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>HENRY ANDREW</b>		b. (Middle) _____		c. (Last) <b>JOHNSON</b>	
4. DATE OF DEATH		(Month) <b>October</b>		(Day) <b>1</b>		(Year) <b>1952</b>	
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>Oct. 25, 1867</b>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired 25 years</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andrew Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Matilda J. Goehausen-3526a S. Spring</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC BRAIN SYNDROME ASSOCIATED WITH SENILE BRAIN DISEASE</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>304x</b>			
22. I hereby certify that I attended the deceased from <b>Sept. 24, 1952</b> , to <b>October 1, 1952</b> , that I last saw the deceased alive on <b>October 1, 1952</b> , and that death occurred at <b>2:45 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Erwin B. Schmidt, M.D.</b>				23b. ADDRESS <b>1515 Lafayette</b>		23c. DATE SIGNED <b>10/2/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>10/1/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Kilderb - 3634 Gravois</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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank J. [unclear] Esq.*

Licensed Embalmer No. *9675*

P. O. Address *St. Louis Mo*

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.