

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40975**

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 573 Registrar's No. 2936

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. LENGTH OF STAY (In this place) UNKNOWN		c. CITY (If outside corporate limits, write RURAL and give township) Jennings		4148 21			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5815 Hodiamont Ave				d. STREET ADDRESS (If rural, give location) 5815 Hodiamont Ave					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) J		c. (Last) Johnson.		4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 20, 1881		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 71 2 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed			10b. KIND OF BUSINESS OR INDUSTRY Coffee Broker		11. BIRTHPLACE (State or foreign country) Iowa			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George J. Johnson.			13b. MOTHER'S MAIDEN NAME Helen Forbes			14. NAME OF HUSBAND OR WIFE Julia Lee Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1			16. SOCIAL SECURITY NO. 496-36-4373		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Lee Johnson 5815 Hodiamont Av				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes						with	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7955	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Herbert R. Domke M.D. Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.			23c. DATE SIGNED 11/19/52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 17, 1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. 11-15-52		REGISTRAR'S SIGNATURE Herbert R. Domke - M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz-Koeller 5967 W. Florissant				

(Licensed Embalmer's Statement on Reverse Side)

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 W. J. Buckhol

Licensed Embalmer No. 4551

P. O. Address A. L. Lane

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.