

STANDARD CERTIFICATE OF DEATH

19542
4978

State File No. _____

Registrar's No. _____

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> <u>2033 Cole Street</u>		c. LENGTH OF STAY (In this place) <u>35 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2033, Cole Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2033, Cole Street</u>			d. STREET ADDRESS (If rural, give location) <u>2033, Cole Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle)	c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 14 - 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>COL</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15 1895</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS <u>II</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Acme Bag Mfg. Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Yazoo / Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jack Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Iodine Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sallie Hall 2033, Cole Street</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <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> <u>Pulmonary Oedema</u> <u>Cardiac Hypertrophy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
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) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4343</u>			
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 <u>4:10A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter H. Smith, M.D.</u>			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5 - 20 - 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Missouri</u>		
DATE REC'D BY LOCAL REG. <u>MAY 18 1953</u>		REGISTRAR'S SIGNATURE <u>Walter H. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McSelle White 2616, No Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Leroy H. Barnister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave.

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.