

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

**26537**

No. 300  
10-48

**FILED JUL 31 1953**

State File No. **6352**  
Registrar's No. **6352**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY			a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>DOA</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>4484 West Pine</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Willie</b>		b. (Middle) <b>S.</b>	c. (Last) <b>Johnson</b>		<b>June 22, 1953</b>	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7, 1889</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne Co., Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Willie Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Ella McGill</b>		14. NAME OF HUSBAND OR WIFE <b>Euma</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Euma Johnson, 4484 West Pine</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>			
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
			ANTECEDENT CAUSES		DUE TO (b) <b>Right hemiplegia</b>	<b>2 yrs.</b>
			DUE TO (c) <b>Hypertension</b>			<b>2 years</b>
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 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? <b>4201</b>		
22. I hereby certify that I attended the deceased from <b>Dec. 22, 1952</b> , to <b>June 22, 1953</b> , that I last saw the deceased alive on <b>June 22, 1953</b> , and that death occurred at <b>7 p. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Wanda Beede</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>6-25-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-24-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mateer Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Keenes, Ill.</b>	
DATE REC'D BY LOCAL <b>JUN 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		

E.O. (Licensed Embalmer's Statement on Reverse Side)

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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 ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John J. Thomas*.....  
Licensed Embalmer No...4108.

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.