

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27294

State File No. ....

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2074

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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 township) OR TOWN <b>Koch, Missouri</b>		c. LENGTH OF STAY (in this place) <b>1 month</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>1504 South Broadway</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b> b. (Middle) _____ c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-25-53</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8-24-08</b>	9. AGE (in years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 1 MIN. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil Lebaner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fredericktown, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Bayless</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie Coleman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>719-12-8647</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Johnson</b>	ADDRESS <b>1423a S. 75th St. Louis</b>
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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) <b>Chronic pulmonary tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? 24 months</b>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>002K</b>
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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? _____
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22. I hereby certify that I attended the deceased from 6-26, 1953, to 8-25, 1953, that I last saw the deceased alive on 7-25, 1953, and that death occurred at 5:12P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ellis S. Pipping, M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>Robert Koch Hospital, Koch, Mo.</b>	23c. DATE SIGNED <b>7/27/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cems.</b>	24d. LOCATION (City, town, or county) (State) <b>Flat River - Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-29-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Demko</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin's</b>	ADDRESS <b>2301 Lafayette, St. Louis, Mo.</b>
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(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

*James R. Chapman*

Licensed Embalmer No. *4550*

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.**