

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7241

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2199</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>19 4131 Mc Pherson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BILLY</u> b. (Middle) c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24, 1953</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug 9, 1950</u>
9. AGE (In years last birthday) <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pocahontas Ark /</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Albert Johnson</u>	
13b. MOTHER'S MAIDEN NAME <u>Naomi Bramlett</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Albert L. Johnson</u>		ADDRESS <u>4131 Mc Pherson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute lymphatic leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) <u>204.0</u>	
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?	
22. I hereby certify that I attended the deceased from <u>7-19-53</u> , 19 <u>53</u> , to <u>7-24-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-24-53</u> , 19 <u>53</u> , and that death occurred at <u>12:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Elizabeth K. Gay M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>7-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>	24d. LOCATION (City, town, or county) (State) <u>Paragould Ark</u>
DATE REC'D BY LOCAL REG. <u>JUL 25 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.