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10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2947

State File No.

FILED JAN 20 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY St.
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) c. LENGTH OF STAY (in this place)
OR TOWN St. Louis, Missouri
c. CITY OR TOWN Richmond Heights 50
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
BARNES HOSPITAL
• STREET ADDRESS (If rural, give location)
22 Berkshire #505

3. NAME OF DECEASED
(Type or Print) a. (First) Lyle b. (Middle) Webb c. (Last) Johnson
4. DATE OF DEATH (Month) (Day) (Year)
January 1, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 18, 1903 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Senatobia, Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mathew Webb Johnson 13b. MOTHER'S MAIDEN NAME Pearl Jackson 14. NAME OF HUSBAND OR WIFE Louise Choate Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 488-03-1859 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise C. Johnson, 22 Berkshire

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) Bilateral hydrothorax
INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) Myocarditis, Chronic
rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
6 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4222

22. I hereby certify that I attended the deceased from 12/19, 1953, to 1/1, 1954, that I last saw the deceased alive on 1/1, 1954, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 1/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 1-4-54 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JAN 2 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,

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

(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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.