

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10159**  
Registrar's No. **2430**

BIRTH NO. <b>FILED MAR 25 1954</b>		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2430</b>			
1. PLACE OF DEATH a. COUNTY				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>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3616 Evans</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 11 54</b>						
5. SEX <b>Male 2</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 0</b>		8. DATE OF BIRTH <b>Aug 3, 1905</b>			
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Pinky King</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leon Wilson 3957 Delmar Ave</b>				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Paresis</b>				ANTECEDENT CAUSES				Undt.	
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				<b>Cerebral Thrombosis</b>					
Conditions contributing to the death but not related to the disease or condition causing death.				<b>Malnutrition and Dehydration</b>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>025X</b>					
22. I hereby certify that I attended the deceased from <b>2-7</b> , 19 <b>54</b> , to <b>3-11</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-11</b> , 19 <b>54</b> , and that death occurred at <b>7:50 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H. J. Erwin, 0</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2601 N. Whittier</b>		23c. DATE SIGNED <b>3-13-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/17/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tulsa</b>		24d. LOCATION (City, town, or county) (State) <b>Tulsa, Oklahoma</b>			
DATE REC'D BY LOCAL REG. <b>MAR 16 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boyd Bros Funeral Home 3706 Finney Ave</b>				

(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.....  
Signature of Student Embalmer

Signed *Edward A Flynn*.....

Licensed Embalmer No...4444...

P. O. Address...4548 Page 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.