

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13618**  
Registrar's No. **3336**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5980 Page Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>B.</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 19 1912</b>	9. AGE (In years last birthday) <b>42</b>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Foreman</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Charleston Mo.</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Edward C. Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel</b>		14. NAME OF HUSBAND OR WIFE <b>Mary L. Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary L. Johnson 5980 Page Blvd</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 <b>1 wk</b> <b>6 mo +</b> <b>3 mo +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma of lung</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Invasion of Mediastinum</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <b>1/19/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Malignancy Rovers Post R Lung Involving Mediastinum</b>		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) <b>163X</b>	
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?	

22. I hereby certify that I attended the deceased from **7 Jan, 1954**, to **9 Apr, 1954**, that I last saw the deceased alive on **4/7, 1954**, and that death occurred at **8:50P** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ernest Jensen M.D.</b>		23b. ADDRESS <b>634 N. Grand Blvd</b>		23c. DATE SIGNED <b>4/12/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/14/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>7901 Gravois Ave. St. Louis</b>	

DATE REC'D BY LOCAL REG. <b>APR 14 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan's 2849 N. Euclid Ave.</b>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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..... *Albert Mayfield*

Licensed Embalmer No. *307*

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.