

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

1003

State File No.

20733

Registrar's No. 4700

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <b>4700</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <input type="radio"/>			c. LENGTH OF STAY (In this place) <input type="radio"/>			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 checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6 1487 Blackstone Ave.</b>							
3. NAME OF DECEASED (Type or Print) <b>HERBERT</b>			a. (First) _____		b. (Middle) <b>C.</b>		c. (Last) <b>JOHNSON Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1954</b>		
5. SEX <b>Male</b> <input type="radio"/>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 30, 1889</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-McClurg</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Co.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Bennington, Nebraska</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <b>Charles E. Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Hulda Polander</b>			14. NAME OF HUSBAND OR WIFE <b>Ruth M. Johnson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>507-09-3362</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Herbert C. Johnson Jr.</b> ADDRESS <b>1487 Blackstone</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Colon</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastases</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 <b>2-19-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Surgery performed for extracutaneous</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.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>153x</b>							
22. I hereby certify that I attended the deceased from <b>10-1</b> , 19 <b>53</b> , to <b>5-25</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-24</b> , 19 <b>54</b> , and that death occurred at <b>5:45 A. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>[Signature]</b>					23b. ADDRESS <b>116 Hampton Village</b>			23c. DATE SIGNED <b>5-26-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 27, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAY 26 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>						

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..... *William B. White* .....

Licensed Embalmer No. *4281* .....

P. O. Address *3224 King* .....

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.