

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24740**  
Registrar's No. **6939**

FILED AUG 2 - 1954

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 **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**  
e. STREET ADDRESS (If rural, give location) **4160 Aldine** **21190**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Agnes** b. (Middle) \_\_\_\_\_ c. (Last) **Johnson**  
4. DATE OF DEATH (Month) (Day) (Year) **July 26, 1954**

5. SEX **F** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Feb. 8, 1900**  
9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months **5** IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic**  
10b. KIND OF BUSINESS OR INDUSTRY **Private Family**  
11. BIRTHPLACE (City and State or Foreign Country) **Grenade, Mississippi**  
12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Wesley McClendon**  
13b. MOTHER'S MAIDEN NAME **Sallie Vasser**  
14. NAME OF HUSBAND OR WIFE **Edward Johnson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**  
16. SOCIAL SECURITY NO. **426 40-2430A**  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Luella Huff 4200 Aldine**

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Massive right Pleural Effusion of Undetermined Origin**  
INTERVAL BETWEEN ONSET AND DEATH **Undt**  
ANTECEDENT CAUSES  
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  
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  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) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_ **0031**

22. I hereby certify that I attended the deceased from **July 7, 1954**, to **July 26, 1954**, that I last saw the deceased alive on **July 26, 1954**, and that death occurred at **8:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. P. Williams** 23b. ADDRESS **M.D. 2601 N. Whittier** 23c. DATE SIGNED **7/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug. 2, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE RECORDED BY LOCAL REG. **JUL 27 1954** REGISTRAR'S SIGNATURE **J. C. Smith** 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS **1221 N. Grand**  
(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Melvin Blackman*.....

Licensed Embalmer No. *296*.....

P. O. Address *1221 N 9*.....

**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.