

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29005**  
**7610**

FILED SEP 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Centreville Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		d. STREET ADDRESS (If rural, give location) <b>4204 Tudor Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HUNT</b> b. (Middle) _____ c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 15, 1954</b>
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5. SEX <b>Male</b> 2	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 18, 1888</b>	9. AGE (In years last birthday) <b>66</b> if UNDER 1 YEAR Months _____ Days _____ if UNDER 10 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Madrid, Missouri</b>	12. COUNTRY OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Clem Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Susie (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ada Johnson</b> ADDRESS <b>4204 Tudor Ave. St. Louis, Ill.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	ANTECEDENT CAUSES Morbidity 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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>177X</b>
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22. I hereby certify that I attended the deceased from **Aug 15, 1954** to **Aug 15, 1954** that I last saw the deceased alive on **Aug 15, 1954** and that death occurred at **11:30 p.m.** from the causes and on the date stated above.

22a. SIGNATURE <b>Carl Smith</b> (Degree or title)	23b. ADDRESS <b>360A So 15th St St. Louis, Mo</b>	23c. DATE SIGNED <b>8/16/54</b>
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24a. BURIAL OR CREMATION, REMOVAL (Specify) _____	24b. DATE <b>Aug 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>	24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill.</b>
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DATE REC'D BY LOCAL <b>AUG 17 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marcus Officer</b> ADDRESS <b>2114 Missouri St. Louis, Ill.</b>
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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 .....  
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th Street

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 this body is not embalmed, fact should be so stated above.