

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35530

FILED OCT 26 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8627

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|---|--|---|--|--|--|
| 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. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 20 2522 N. Leffingwell | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Charles | | b. (Middle) William | |
| | | c. (Last) Johnson | | 4. DATE OF DEATH (Month) (Day) (Year) 9 18 54 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH July 10, 1875 | | 9. AGE (In years last birthday) 79 | | 10. MONTHS Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator | | 10b. KIND OF BUSINESS OR INDUSTRY City Employed | | 11. BIRTHPLACE (City and State or Foreign Country) Gordonsville, Virginia | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Thomas Hill | | 13b. MOTHER'S MAIDEN NAME Lucy Terrell | |
| 14. NAME OF HUSBAND OR WIFE Mary Johnson (Deceased) | | 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. 494-36-8202 | |
| 17. INFORMANT'S SIGNATURE OR NAME Lucille Boes, 1839 13th St., NW, Wash., D.C. | | 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease with Decompensation 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. Uremia Gastro-Intestinal Hemorrhage | | 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? 443 X | | 22. I hereby certify that I attended the deceased from 9-11, 1954, to 9-18, 1954, that I last saw the deceased alive on 9-18, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above. | | 23a. SIGNATURE (Degree or title) Hugh Waters, M.D. | |
| 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 9-20-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE 9-22-54 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. SEP 21 1954 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Richardson 2625 Glasgow Ave | |

(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 *Andrew Richardson*

Licensed Embalmer No. *485*

P. O. Address *2625 G*

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.