

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38890

State File No. 9781

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 MO		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis MO		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Taylor Page		e. STREET ADDRESS (If rural, give location) W.K.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Herbert		b. (Middle)		c. (Last) Johnson	
4. DATE OF DEATH (Month) (Day) (Year) 9 30 54		5. SEX Male		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Oct. 1928		9. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY W.K.		11. BIRTHPLACE (City and State or Foreign Country) 9	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME W.K.		13b. MOTHER'S MAIDEN NAME W.K.	
14. NAME OF HUSBAND OR WIFE W.K.		15. WAS/DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or full name) W.K.		16. SOCIAL SECURITY NO. W.K.	
17. INFORMANT'S SIGNATURE OR NAME P. Taylor		ADDRESS 1300 Clark			
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 Gunshot wound of chest both lungs		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suffered when shot with gun		DUE TO (c) the hands of one Sadock Newman			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death attempt holdup of store at 1301					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION N. Lungs about 8:30 PM Sept 30 - 1954		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Heart ail		21b. PLACE OF INJURY (e.g. to or about home, farm, factory, street, etc.) W.K.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 30 54 8:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? SHOOTING F981X	
22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Duerm		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-31-54		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS	

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 *Gene A. Hutchins*

Licensed Embalmer No. *491*

P. O. Address *A. L...*

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.