

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 58891
Registrar's No. 8584

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN <i>W. 10th St.</i>	
c. LENGTH OF STAY (in this place) 4-YRS.		d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor 3400 So. Grand Blvd.		e. STREET ADDRESS 6508 Bartmer Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Johnson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1954		
--	--	--	--	--	--

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH April 27, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 24 HRS. Hours Min.
--------------	------------------------	--	------------------------------------	---------------------------------------	-------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Agent, Metro. Life Ins. Co.	10b. KIND OF BUSINESS OR INDUSTRY Life Ins. Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	--------------------------------------

13a. FATHER'S NAME Nels Johnson	13b. MOTHER'S MAIDEN NAME Mary Kiely	14. NAME OF HUSBAND OR WIFE
------------------------------------	---	-----------------------------

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. none	17. INFORMANT'S SIGNATURE OR NAME Mr. James J. Walsh	ADDRESS 6508 Bartmer Ave.
--	---------------------------------	---	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ca. Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 MO</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>2 yrs</i>	

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>150X</i>
---	---	---

22. I hereby certify that I attended the deceased from *Sept 10* 1954 to *Sept 19* 1954, that I last saw the deceased alive on *Sept 14* 1954, and that death occurred at *8:45* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Smith</i>	(Degree or title)	23b. ADDRESS <i>607 So Grand</i>	23c. DATE SIGNED <i>9/20/54</i>
-------------------------------------	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. SEP 20 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Donnelly</i>	ADDRESS 3840 Lindell Blvd.
---	--	---	-------------------------------

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Handwritten Signature].....

Licensed Embalmer No. 469
P. O. Address [Handwritten Address]

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.