

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

38894
State File No.

318

1003

Registrar's No. 9481

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | REGISTRAR'S NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | c. CITY OR TOWN <u>Kirkwood 4693</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>449 E. Bodley Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>THOMAS</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>JOHNSON</u> | |
| 4. DATE OF DEATH | | (Month) <u>Oct.</u> | | (Day) <u>18,</u> | | (Year) <u>1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 10, 1885</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u> | | IF UNDER 24 HRS. Hours <u>8</u> Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate (Pres)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Thos. J. Johnson, Inc.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Calvin Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Creekpond</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nora Johnson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>488-09-1854</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Johnson</u> | | ADDRESS <u>449 Bodley Ave.</u> | |
| 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. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction Posterior</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary arteriosclerosis</u> | | | | 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"/> | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>10-3-</u> , 19 <u>54</u> , to <u>10-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>54</u> , and that death occurred at <u>5:00 PM</u> from the cause and on the day stated above. | | | | | | | |
| 23a. SIGNATURE <u>John S. Skinner M.D.</u> | | | | 23b. ADDRESS <u>35 N. CENTRAL AVE. CLAYTON, MO.</u> | | 23c. DATE SIGNED <u>10/19/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>10/20/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highgate Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Highgate, Mo.</u> | |
| DATE REC'D BY LOCAL AG. <u>OCT 19 1954</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Zopp, Inc.</u> | | ADDRESS <u>Kirkwood Mo.</u> | |

(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 *Ben C. Hoffman*.....

Licensed Embalmer No. *438*.....

P. O. Address *St. Louis*.....

**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.**