

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43713

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11406

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) 18 4445 Gratiot			
3. NAME OF DECEASED (Type or Print) a. (First) Melvin		b. (Middle)		c. (Last) Johnson	
4. DATE OF DEATH (Month) (Day) (Year) 12 11 54		5. SEX M		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov. 9, 1920		9. AGE (In years last birthday) 34	
10a. USUAL OCCUPATION (Give if of work done during last working life, if retired)		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Monrovia, Texas	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Melvin Johnson, Sr.		13b. MOTHER'S MAIDEN NAME Mary Bowman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If active war or date of service) None		16. SOCIAL SECURITY NO. 491-18-9979	
17. INFORMANT'S SIGNATURE OR NAME Mary Johnson		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS 4445 Gratiot	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscesses with Neumo-Thorax		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Undt.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? 521X	
22. I hereby certify that I attended the deceased from 12-10 , 19 54 , to 12-11 , 19 54 , that I last saw the deceased alive on 12-11 , 19 54 , and that death occurred at 10:15P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY National	
24d. LOCATION (City, town, or county) (State) Jefferson Parish, Mo.		DATE REC'D BY LOCAL REG. DEC 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE E. B. ...		ADDRESS 1221 N. Grand			

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 *Melvin Blackhurst*

Licensed Embalmer No. *3962*

P. O. Address *1221 W. 9th*

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.