

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9788**
2398

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		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) Houston b. (Middle) Johnson c. (Last) Johnson			4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 55		
5. SEX Male		6. COLOR OR RACE Afro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Wid	
8. DATE OF BIRTH Oct 2 1905		9. AGE (In years, not birthday) 45 Months _____ Days _____		10. IF UNDER 18: YEAR _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wid		10b. KIND OF BUSINESS OR INDUSTRY Wid		11. BIRTHPLACE (City and State or Foreign Country) Wid	

13a. FATHER'S NAME Wid		13b. MOTHER'S MAIDEN NAME Wid		14. NAME OF HUSBAND OR WIFE Wid	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Wid		16. SOCIAL SECURITY NO. Wid		17. INFORMANT'S SIGNATURE OR NAME Clara T. Taylor ADDRESS 1500 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) stab wound of heart		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO stab wound of heart		DUE TO stab wound of heart	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		stab wound of heart		stab wound of heart	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION stab wound of heart		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE UNKNOWN (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis E982X MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 19 55 8:10 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR stab wound of heart	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly (Name, Degree or title) Registrar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) 3-31-55		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. MAR 16 1955		REGISTRAR'S SIGNATURE J. Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Howland-Aker Mortuary Service ADDRESS 1125 Webster Ave. St. Louis 10, Mo.	
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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.....

Licensed Embalmer No.....

P. O. 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.