

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

XC-1218 772

THE DIVISION OF HEALTH OF MISSOURI

20135

Reg. #8761

STANDARD CERTIFICATE OF DEATH

State File No. ....

SL #3724

FILED JUN 27 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5267

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).                       |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>TOWN <b>915 N. Grand, St. Louis, Mo.</b>  |  |   |  | c. CITY OR TOWN<br><b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place)<br><b>17 days</b>   |  |   |  | STREET ADDRESS (If rural, give location)<br><b>3865 Windsor</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>VETERANS ADMINISTRATION HOSP.</b>   |  |   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>WILLIAM</b>  |  | a. (First)  |  | b. (Middle)<br><b>W.</b>   |  | c. (Last)<br><b>JOHNSON</b>  |  |
| 4. DATE OF DEATH<br><b>June 16, 1955</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>5/10/88</b>   |  | 9. AGE (in years last birthday)<br><b>67</b>   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>Negro</b>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Porter</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Trenton, Tenn. /</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  | 13a. FATHER'S NAME<br><b>Avery Johnson</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sallie Johnson</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ann Johnson</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW-1</b> |  | 16. SOCIAL SECURITY NO.<br><b>494-03-4001</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>VA Hosp. Records, St. Louis, Mo.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |   |  | MEDICAL CERTIFICATION  |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><b>CEREBRAL HEMORRHAGE DUE TO ARTERIOSCLEROSIS</b>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>17 Days</b>   |  |  |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) - - - - -<br>DUE TO (c) - - - - -  |  |   |  |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>CARCINOMA OF PROSTATE<br/>ENLARGED HEART</b>  |  |   |  |  |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br>- - - - -   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>None</b>   |  | 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<br><b>VA</b>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                      |  | 21f. HOW DID INJURY OCCUR<br><b>331X</b>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>5/30</b> , 1955, to <b>6/16</b> , 1955, <del>and that death occurred at 3:16 A. m., from the causes and on the date stated above.</del>                             |  |   |  |  |  |  |  |
| 23a. SIGNATURE (If registered, give name)<br><b>Joseph T. Kaminskas</b>   |  |   |  | 23b. ADDRESS<br><b>M.D. VA Hosp., St. Louis, Mo.</b>   |  | 23c. DATE SIGNED<br><b>6/16/55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>6/21/55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>JUN 17 1955</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith mo</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>G. Wade Granberry 4202 Finney Ave.</b>                        |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1955

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 E. Green*.....

Licensed Embalmer No. *2614*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.