

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20639

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 687 Registrar's No. 1318

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Hts.</b>	c. LENGTH OF STAY (in this place) <b>3 Weeks</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6948 Arthur Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>HAROLD</b>	a. (First)	b. (Middle) <b>H.</b>	c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH <b>June 7 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 30, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter (Self Employed)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTRY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Late Alvena E. Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norbert L. Johnson</b>	ADDRESS <b>6948 Arthur Ave.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Gallbladder</b>		<b>6 months</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Cirrhosis of the liver</b> DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>6 months</b> <b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 1, 1955, to June 7, 1955 that I last saw the deceased alive on June 7, 1955 and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>James J. Murphy</i>	23b. ADDRESS <b>607 North Grand Blvd.</b>	23c. DATE SIGNED <b>6-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Int)</b>	24b. DATE <b>Jun. 10, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/9/55</b>	REGISTRAR'S SIGNATURE <i>Norbert L. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
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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 GEORGE W. KRIEGSHAUSER JR., Student Embalmer No. 514, working under my personal supervision..

Student George W. Kriegshauser Jr.  
Signature of Student Embalmer

Signed William E. White

Licensed Embalmer No. 429

P. O. Address 422 R. 1, N. C.

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.