

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23935

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5570**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis 0		c. LENGTH OF STAY (in this place) 21	a. STATE Missouri b. COUNTY 2219
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
STREET ADDRESS		(If rural, give location)	
		1111 1/2 No. Leonard	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) 6 24 55
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5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 24 1890	9. AGE (In years last birthday) 64 1/2	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lab.	10b. KIND OF BUSINESS OR INDUSTRY LIGGETT-MYERS	11. BIRTHPLACE (City and State or Foreign Country) PENN.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME UNK.	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE EMMA JOHNSON
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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) NO	16. SOCIAL SECURITY NO. 359-014697	17. INFORMANT'S SIGNATURE OR NAME EMMA JOHNSON	ADDRESS 1111 N. LENNARD
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease			Undt.
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Mainnutrition and Dehydration		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from **6-24**, 19**55**, to **6-24**, 19**55**, that I last saw the deceased alive on **6-24**, 19**55**, and that death occurred at **9:25a** 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 6/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-29-55	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD	24d. LOCATION (City, town, or county) (State) ST. LOUIS
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DATE REC'D BY LOCAL REG. JUN 27 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. MCCLENDON	ADDRESS 4535 WASHINGTON
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(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 *John K. Cunningham*

Licensed Embalmer No. 44

P. O. Address 2405 M

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.