No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23938

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5673

1. PLACE OF DEATH
a. COUNTY: NO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair 8720
c. CITY OR TOWN: East St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 8
e. STREET ADDRESS (If rural, give location): 1817 Kansas Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): W
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): June 26 1955

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept 18, 1890
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (City and State or Foreign Country): Okalona, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bill Johnson
13b. MOTHER'S MAIDEN NAME: Margaret (Unknown)
14. NAME OF HUSBAND OR WIFE: Josephine Johnson

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Josephine Johnson — ADDRESS: 1817 Kansas E. St. Louis, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal pneumonia ~~of one week~~ — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the liver
Metastatic to lung
DUE TO (c) — Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1561

22. *I hereby certify that I attended the deceased from* June 23, 1955, *to* June 26, 1955, *that I last saw the deceased alive on* June 26, 1955, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Vermillion M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 6/26/55

24a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify)
24b. DATE: June 29, 1955
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: JUN 30 1955
REGISTRAR'S SIGNATURE: J Carl Smith M.D. MDS
25. FUNERAL DIRECTOR'S SIGNATURE: Marion E. Officer — ADDRESS: 2114 Missouri ave E. St. Louis, Ill.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ben H. Baldwin

Licensed Embalmer No. 24

P. O. Address 721 N. 26th

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