No. 300
10.48

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

XC-18 096 451
Reg. 8630 SL-3151

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23941
Registrar's No. 5520

BIRTH NO. FILED AUG 2 - 1955 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH
a. COUNTY: C
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand, St. Louis, Mo.
c. LENGTH OF STAY (in this place): 34days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Charles
c. CITY OR TOWN: ST. CHARLES
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 09.23
e. STREET ADDRESS (If rural, give location): 1029 Olive Street /

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): –
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): 6-24-55

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 10-13-88
9. AGE (In years last birthday): 66
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Wentzville, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Johnson
13b. MOTHER'S MAIDEN NAME: Plenty Hunter
14. NAME OF HUSBAND/OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hosp. Records, 915 N.Grand, St. Louis, Mo.

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) MULTIPLE EMBOLIZATION AND INFARCTIONS OF LUNGS. — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) THROMBOSIS OF RIGHT AURICULAR APPENDAGE — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ENLARGED DILATED HEART WITH PERIPHERAL EDEMA AND SEROUS EFFUSIONS. — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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? 4201

22. *I hereby certify that I* VA *attended the deceased from* 5-21-55, 19___, *to* 5-24-55, 19___, *and that death occurred at* 10:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE: K. Ocasio M.D. K. OCASIO (Degree or title)
23b. ADDRESS: VAH, 915 N.Grand, St. Louis, Mo.
23c. DATE SIGNED: 6-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 26 June 55
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Baptist
24d. LOCATION (City, town, or county) (State): Wentzville, Mo

DATE REC'D BY LOCAL REG.: JUN 25 1955
REGISTRAR'S SIGNATURE: L. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Boyd Buos, Kinloch, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Edward C. Ellgren

Licensed Embalmer No. 444

P. O. Address St. Louis

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.