

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38425

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10090

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE MO. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) Missouri Pacific Hospital Employees' Association

e. STREET ADDRESS 2625 Dickson Str.

3. NAME OF DECEASED (First) ROBERT (Middle) JOHNSON (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 55

5. SEX M

6. COLOR OR RACE Cal.

7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Mar.

8. DATE OF BIRTH 6-3-1899

9. AGE (In years last birthday) 56

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer

10b. KIND OF BUSINESS OR INDUSTRY Rail-road

11. BIRTHPLACE (City and State or Foreign Country) MEMPHIS TENN.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE HATTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY 702-07-7856

17. INFORMANT'S SIGNATURE OR NAME HATTIE JOHNSON ADDRESS 2625 Dickson

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

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis  
ANTECEDENT CAUSES Milinary spread  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Uremia  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ SUICIDE \_\_\_\_\_ HOMICIDE \_\_\_\_\_

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 26, 1955, to Nov. 16, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 2:49 A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles Thomas Smith (Degree or title) \_\_\_\_\_

23b. ADDRESS 1755 S. Grand

23c. DATE SIGNED 11/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 11-21-55

24c. NAME OF CEMETERY OR CREMATORY GREENWOOD

24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. NOV 18 1955

REGISTRAR'S SIGNATURE Charles Smith

25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

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 W. CLAUDE GORDON

Licensed Embalmer No. 348

P. O. Address 4575 ALD

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.