

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42241

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10780

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10780			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS, MISSOURI</u> township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>ST. LOUIS CITY HOSPITAL #1.</u>				e. STREET ADDRESS (If rural, give location) <u>23 2265 B. INDIANA</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>DELMAR</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 6, 1955.</u>			
5. SEX <u>MALE</u>		16. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 9-1881</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS. Hours Min.			
11. BIRTHPLACE (City and State or Foreign Country) <u>MICHIGAN</u>				12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>					
13a. FATHER'S NAME <u>BENJAMIN JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HULF</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA JOHNSON</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>493-07-0452</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>CLARA JOHNSON 2265 INDIANA</u>					
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) <u>Bronchopneumonia, confluent, bilateral.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of the cecum - generalized</u> DUE TO (c) <u>abdominal metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dr James M Tracy Deputy Coroner 12-12-55</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 54</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-5</u> , 19 <u>55</u> , to <u>12-6</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-6</u> , 19 <u>55</u> , and that death occurred at <u>18 OOP</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Alon S. Hulb MD</u>				23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>12-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New PICKER</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
DATE REC'D BY LOCAL REG. <u>DEC 9 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Thomas Kuter 2906 Marine</u>					

(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..... *Leo J. Bullock*
Licensed Embalmer No. *39*
P. O. Address *St. Louis*

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