

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. **6695**
Registrar's No. **1176**

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1176	
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) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) W.O.A. Homer & Whitey				e. STREET ADDRESS (If rural, give location) 25 9th St ofallon			
3. NAME OF DECEASED (Type or Print) Charley		a. (First)		b. (Middle)		c. (Last) Johnson Jr.	
4. DATE OF DEATH (Month) (Day) (Year) 1-27-56		5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	
8. DATE OF BIRTH Jan. 11, 1953		9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		11. KIND OF BUSINESS OR INDUSTRY child	
12. CITIZEN OF WHAT COUNTRY? USA		13. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		14. FATHER'S NAME Charles Johnson		15. MOTHER'S MAIDEN NAME Leola Bell	
16. NAME OF HUSBAND OR WIFE Child		17. SOCIAL SECURITY NO. _____		18. INFORMANT'S SIGNATURE OR NAME Charles Johnson		19. ADDRESS 912 ofallon	
20. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning ANTECEDENT CAUSES suffered when overcame by DU TO gas heater burned, in home at 912^a ofallon St., East Time II. OTHER SIGNIFICANT CONDITIONS unknown, January 27 1956 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
21a. DATE OF OPERATION _____		21b. MAJOR FINDINGS OF OPERATION _____		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 27 56 ? m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? DOO E 890.0 15			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 330 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. Zimmerman				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-56		24c. NAME OF CEMETERY OR CREMATORY Oak Dale		24d. LOCATION (City, town, or county) (State) Lemay Mo	
DATE REC'D BY LOCAL REG. FEB 3 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Burks		ADDRESS 3506 Franklin	

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 *Teroy H. Benne*.....

Licensed Embalmer No. *234*.....

P. O. Address *3880 E. ce*.....

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.