

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6700

Registrar's No. 1451

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) **St Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Boa City Hosp NO 2**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city incorporated town? Yes  No

**3. NAME OF DECEASED** (Type or Print) (First) **Mattie** (Middle) **Belle** (Last) **Johnson**  
4. DATE OF DEATH (Month) (Day) (Year) **Feb 9 1956**

**5. SEX** **F** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **married**  
**8. DATE OF BIRTH** **37 Mar 1933** **9. AGE** (In years last birthday) **22** If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 12 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Stenographer** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (City and State or Foreign Country) **Starkville Miss** **12. CITIZEN OF WHAT COUNTRY** **USA**

**13a. FATHER'S NAME** **L A Pearson** **13b. MOTHER'S MAIDEN NAME** **Annie Keeley** **14. NAME OF HUSBAND (OR WIFE)** **Louis Johnson**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** **488 30 7356** **17. INFORMANT'S SIGNATURE OR NAME** **L A Pearson** **ADDRESS** **4014 St Louis**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary Thrombosis**  
**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
**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) \_\_\_\_\_ **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** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:05 A** m., from the causes and on the date stated above.

**23a. SIGNATURE** **James M Kelly** **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **2-10-56**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **cremation** **24b. DATE** **13 Feb 56** **24c. NAME OF CEMETERY OR CREMATORY** **Oakdale Cemetery** **24d. LOCATION** (City, town, or county) (State) **St Louis MO**

**DATE REC'D BY LOCAL REG.** **FEB 10 1956** **REGISTRAR'S SIGNATURE** **J. Earl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Reliable FUNERAL Svs** **ADDRESS** **1221 No Jay lot**

509 (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 *Paul V. Freeman* .....  
Licensed Embalmer No. *4686*

P. O. Address *4779 Hwy* .....

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.