

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18082
State File No. 4068
Registrar's No.

318

1003

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|---|--|---|---|--|---|---|---|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | | | c. LENGTH OF STAY (in this place) 6 hrs. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | e. STREET ADDRESS (If rural, give location) 4317 Tholozan Avenue 21570 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) August | | | b. (Middle) | | c. (Last) Johnson | | 4. DATE OF DEATH (Month) (Day) (Year) April 21, 1956 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Aug. 30, 1904 | | 9. AGE (In years last birthday) 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) Salesman | | | | 10b. KIND OF BUSINESS OR INDUSTRY Midland Baking Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Chamois, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Archie Johnson | | | 13b. MOTHER'S MAIDEN NAME Frederica Saak | | | 14. NAME OF HUSBAND OR WIFE Mildred Larkin Johnson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 492-10-0229 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Johnson - 4317 Tholozan | | | | |
| 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 <i>Internal Hemorrhage; Multiple Fractures; suffered when truck operated by deceased was struck by car operated by one John Hansen, in front of about 118 770 Kings highway Blvd., about 400 feet, Sept 21, 1956.</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 | | | | | | 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo 81611- | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 21 56 4:00 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR ped | | 26 | | | |
| 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 _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Patrick E. Taylor Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED APR 25 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Apr. 26, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | |
| DATE REC'D BY LOCAL REG. APR 25 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. Wacker - Hellerle | | | 25. FUNERAL DIRECTOR'S SIGNATURE -3634 Gravois Ave. | | ADDRESS | | |

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..... *Robert C. Wheeler*

Licensed Embalmer No. 21

P. O. Address..... *St Louis*

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.