

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25047**  
Registrar's No. **6263**

FILED JUL 20 1956

**318**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6263</b>	
1. PLACE OF DEATH a. COUNTY <b>MISSOURI</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY _____			
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY OR TOWN <b>BELLEUILLE</b>		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 <b>MISS. PACIFIC EMP. HOSP. ASS.</b>				e. STREET ADDRESS (If rural, give location) <b>1116 DAWN DRIVE 8128</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>HENDERSON</b>		c. (Last) <b>JOHNSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>		8. DATE OF BIRTH <b>SEPT. 14, 1883</b>	
9. AGE (In years last birth) <b>72</b>		IF UNDER 1 YEAR Months <b>9</b>		IF UNDER 1 YEAR Days <b>19</b>		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PENSA. TRACK LABORER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>H. Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Storey</b>		14. NAME OF HUSBAND OR WIFE <b>Sophia</b>			
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. <b>702-14-6791</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Riley Outerville Station Ill.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach with metastases to bone</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>151 X</b>	
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 <b>JUNE 7, 1956</b> , to <b>JULY 3, 1956</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clemens J. Sullivan, M.D.</b>				23b. ADDRESS <b>Mc. Pac. Emp. Hosp. Bldg.</b>		23c. DATE SIGNED <b>7-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/3/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>New Harmony Indiana</b>	
DATE REC'D BY LOCAL REG. <b>JUL 3 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons Und. Co.</b>		ADDRESS <b>2630 Gravois</b>	

WRITE PLAINLY—USING UNFAADING 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 J. Gebke*

Licensed Embalmer No. 4144.....

P. O. Address 2630 Gravois Av.....

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.