

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28621

STATE FILE NUMBER

FILED SEP 6 1956

318

1003

6988

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b _____		d. STREET ADDRESS 1355 Clara (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Leedora Middle NMN Last Johnson			4. DATE OF DEATH Month July Day 27 Year 1956		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1919	9. AGE (In years last birthday) 37 IF UNDER 1 YEAR: Months 4 Days 13 Hours _____ Mins. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stitcher		10b. KIND OF BUSINESS OR INDUSTRY Shoe Co. International		11. BIRTHPLACE (City and state or country) Yazoo City, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Jehni W. Johnson		
14. MOTHER'S MAIDEN NAME Jessie Byrd			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. Unknown		17. INFORMANT John W. Johnson		Address 1355 Clara	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 WKS.
DUE TO (b) Arteriolar nephrosclerosis and Hypertensive Cardiovascular Disease			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	442 +		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from **July 3, 1956** to **July 27, 1956** and last saw her alive on **July 27, 1956**
Death occurred at **2:05 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **F. P. Bradley M. D.** (Degree or title) 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **7/27/56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7/30/56** 23c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 23d. LOCATION (City, town, or county) **St. Louis, Missouri** (State)

24. FUNERAL DIRECTOR **E. B. Konce** ADDRESS **1221 N. Grand** 25. DATE RECD. BY LOCAL REG. **JUL 28 1956** 26. REGISTRAR'S SIGNATURE **Carl Smith**

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Melvin Buckland

Licensed Embalmer No. *346*

P. O. Address *1221 N 10*

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.

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VETERANS BUREAU

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