

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32137**  
Registrar's No. **8407**

FILED SEP 26 1956

REG. DIST. NO. **318**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hosp.</b>		STREET ADDRESS (If rural, give location) <b>3620 A. Cozens</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<b>Darell (Darryl) Oliver Johnson</b>		<b>9-10-56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9-19-53</b>
9. AGE (In years last birthday) <b>2</b>		10. AGE (In years last birthday) <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Jacqueline McGee</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Jacqueline McGee-3620 A. Cozens</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH <b>7562</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Cirrhosis</b>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) <b>Congenital Biliary</b>		DUE TO (c) <b>Obstruction</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7562</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:40 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Joseph M. Quinn</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>9/11/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	
24b. DATE <b>9-13-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Berkeley, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A.L. Beal Und. Co.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 12 1956</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>A.L. Beal Und. Co.</b>		ADDRESS <b>-4303 Delmar</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Leroy W. Gannister*

Licensed Embalmer No. *452*

P. O. Address *2616 Harrison*

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.