

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

9544

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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 <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3623 COOK Ave</u> | | | | d. STREET ADDRESS (If rural, give location) <u>219 03623 COOK AVE</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print) | | | b. (Middle) <u>JOHNSON</u> | | c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-56</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>4-4-1877</u> | 9. AGE (In years last birthday) <u>79 YRS</u> | 10. MONTHS <u>6</u> | 11. DAYS <u>13</u> | 12. HOURS _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. AMCR. INS. CO</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>ADAM JOHNSON</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine ?</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Johnson</u> | | | |
| 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. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>593X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Oct 10, 1956</u> , to <u>Oct 16, 1956</u> that I last saw the deceased alive on <u>Oct 16, 1956</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. Howell</u> | | | | 23b. ADDRESS <u>2907 A Cedar</u> | | 23c. DATE SIGNED <u>10-17-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>10-23-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CTY. MO</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 19 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M. F. WALTON</u> | | | |
| | | | | ADDRESS <u>2707 Stoddard St</u> | | | |

(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
Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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 this body is not embalmed, fact should be so stated above.