

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43267

FILED DEC 27 1956

STATE FILE NUMBER 11455

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11455

1. PLACE OF DEATH a. COUNTY			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, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5759 McPherson		Length of stay in 1b 2 1/2	d. STREET ADDRESS 5759 McPherson Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Olof Ralph Johnson			4. DATE OF DEATH Month Day Year December 11, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 21, 1898	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electric Contractor, Blue Earth, Minn.		11. BIRTHPLACE (City and state or country) U.S.A.	
13. FATHER'S NAME Unavailable Johnson			14. MOTHER'S MAIDEN NAME Unavailable		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 579-05-5681	17. INFORMANT Address Nellie Johnson, 5759 McPherson Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral vascular accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>cerebral arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>None</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>6 yrs</i>
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.					
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 <i>10-18-55</i> to <i>12-11-56</i> and last saw <sup>her</sup> him alive on <i>10-15-55</i> Death occurred at <i>11:00</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Edward A. RER MD</i>		22b. ADDRESS <i>4500 Olive St. Louis (8) Mo</i>		22c. DATE SIGNED <i>12-12-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-14-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe, 4700 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 13 1956</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mjs</i>		

Health Officer, Public Health Service, etc. must use only standard nomenclature in item 10. No symptoms will be recorded for diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John S. Henne*  
Licensed Embalmer No. *719*  
P. O. Address *St. Lo*

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.