

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2847  
STATE FILE NUMBER  
363

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

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>St. Louis, Missouri</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |   | c. CITY OR TOWN <b>St. Louis,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>38 St. Louis City Hospital D.O.A.</b>  |   | d. STREET ADDRESS <b>4624 Lee Avenue,</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) <b>George</b> First <b>W.</b> Middle <b>Johnson</b> Last   |   | 4. DATE OF DEATH <b>January 13, 1957.</b> Month <b>13</b> Day <b>1957</b> Year   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH <b>June 19, 1913</b>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Vogue Lounge</b>  | 11. BIRTHPLACE (City and state or country) <b>Scotts Hill, Tenn.</b> |
| 13. FATHER'S NAME <b>Johnnie Johnson</b>   |   | 14. MOTHER'S MAIDEN NAME <b>Isabel Johnson.</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 2nd W.W.</b>  |   | 16. SOCIAL SECURITY NO. <b>497-05-0494</b>   |  |
| 17. INFORMANT <b>Mrs Loretta Johnson, 4624 Lee Avenue,</b> Address   |   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br><b>Coronary Sclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)<br>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? <b>YES</b> <input checked="" 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.) <b>420.1</b> |  |  |
| 20c. TIME OF INJURY <b>Hour</b> <b>Month, Day, Year</b><br>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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>12:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Print or type) <b>James M Kelly Deputy Coroner</b>   |   | 22b. ADDRESS <b>1300 Clark</b>   | 22c. DATE SIGNED <b>1-14-57</b>                                      |
| 23a. BURIAL/CREMATION, REBURYAL (Specify) <b>Burial</b>  | 23b. DATE <b>Jan. 16, 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |  |
| 24. FUNERAL DIRECTOR <b>Math. Hermann &amp; Son Inc. 2161 E. Fair</b> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG. <b>JAN 14 '57</b>   | 26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>                 |

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 M. McNeil*.....

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

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.