

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14862

FILED APR 26 1957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3395

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, write RURAL and give township) c. LENGTH OF STAY (in this place)  
St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Homer G. Phillips  
e. STREET ADDRESS (If rural, give location)  
5040 Lotus

3. NAME OF DECEASED (Type or Print)  
a. (First) Edgar b. (Middle) Johnson c. (Last) Johnson  
4. DATE OF DEATH (Month) (Day) (Year)  
4-5-57

5. SEX male 6. COLOR OR RACE negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH Aug 5, 1896 9. AGE (In years last birthday) 60  
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor 10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTH PLACE (City and State or Foreign Country) Zermanville Miss. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Andrew Johnson 13b. MOTHER'S MAIDEN NAME Katie Smathers 14. NAME OF HUSBAND OR WIFE Earna K. Johnson

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 AND ADDRESS  
Earna K. Johnson 5040 Lotus

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ruptured Aortic Aneurysm  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH (continued)  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 451x 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  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 4:20 p.m., from the causes and on the date stated above.

23. SIGNATURE (Specify (Doctor or title)?) \_\_\_\_\_ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 4/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-13-57 24c. NAME OF CEMETERY OR CREMATORY Oakdale 24d. LOCATION (City, town, or county) (State) Lemaire Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 9 '57 \_\_\_\_\_ 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A.H. Burks 3506 Franklin

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

*Leroy W. Barnette*

Licensed Embalmer No. 4523

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