

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008379

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Koch, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			Length of stay in lb <u>322 days</u>		d. STREET ADDRESS <u>908 Rutger</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CLETUS</u> Middle <u>H.</u> Last <u>JOHNSON</u>				4. DATE OF DEATH Month <u>2</u> - Day <u>8</u> - Year <u>58</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-4-92</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ordinance - Plant</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>ALFRED JOHNSON</u>				14. MOTHER'S MAIDEN NAME <u>LUIA FRENCH</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Army - WWI</u>			16. SOCIAL SECURITY NO. <u>499-01-6020</u>		17. INFORMANT <u>Robert Koch Hospital Record, Koch, Mo.</u> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Arteriosclerotic Heart Disease, Decompensated</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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 <u>3-16-57</u> to <u>2-8-58</u> and last saw <sup>her</sup> <del>him</del> alive on <u>2-8-58</u> Death occurred at <u>7:30</u> <u>P.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>D.A. Janis MD</u>				22b. ADDRESS <u>Koch Hospital, Koch, Mo.</u>				22c. DATE SIGNED <u>2-9-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-12-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>XXXXXXXX National</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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.....  
*James R. Chapman*

Licensed Embalmer No. ....

P. O. Address.....  
*H. L. ...*

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.