

FILED APR 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012560

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 921

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saint Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Kinloch 4091	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS (If outside, give location) 923 Brennan	
3. NAME OF DECEASED (Type or print) First Middle Last Martin V Johnson		4. DATE OF DEATH Month Day Year 3-29-1958	
5. SEX Male 2-6: COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		8. DATE OF BIRTH 12 April 1898 60	
10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
13a. FATHER'S NAME B. Johnson		11. BIRTHPLACE (City and state or country) Biggers, Ark. 1	
13b. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Adellar* Johnson	
16. SOCIAL SECURITY NO. 495-12-4016		17. INFORMANT Address Adellar Johnson 923 Brennan	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute and Chronic Pyelonephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 600.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Hypertensive Cardiac-muscular disease Secondary Arteriosclerosis Bronchiectasis			INTERVAL BETWEEN ONSET AND DEATH
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 <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 Mar. 25, 1958 to Mar. 29, 1958 and last saw her/him alive on Mar. 29, 1958 Death occurred at 9:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John E. Oakley, M.D. (Degree or title)		22b. ADDRESS 601 S. Brentwood Blvd.	
		22c. DATE SIGNED 3-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/4/58	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	
24. FUNERAL DIRECTOR Boyd Bros. Funeral Home, Kinloch		25. DATE RECD. BY LOCAL REG. 4-1-58	
		26. REGISTRAR'S SIGNATURE Herbert R. Donke MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *Kindred*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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