

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015987  
STATE FILE NUMBER

FILED MAY 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4468

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1800 Locust</i>		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) <i>1800 Locust</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>JOHNSON, Willis E</i>			4. DATE OF DEATH <i>4-23-1958</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-26-1881</i>	9. AGE (In years last birthday) <i>76</i>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min.		IF UNDER 24 HRS. Hours <i>0</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Sports Writer</i>			11. BIRTHPLACE (City and state or country) <i>St. Louis - Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Joseph Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Lillian Kelly</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes Spanish-American</i>		16. SOCIAL SECURITY NO. <i>Not Known</i>		17. INFORMANT Address <i>Mrs. Mina Johnson, 7501 Milan, Ill.</i>	
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>MYOCARDIAL INFARCTION</i> DUE TO (b) <i>CORONARY THROMBOSIS</i> DUE TO (c) <i>ARTERIOSCLEROTIC HEART DIS.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>CEREBRAL ARTERIOSCLEROSIS</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 DAY</i> <i>1 DAY</i> <i>YEARS.</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.) <i>420.0</i>			
20c. TIME OF INJURY Hour <i>0</i> Month <i>0</i> Day <i>0</i> Year <i>0</i> a. m. <i>0</i> p. m. <i>0</i>		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>1954</i> to <i>4/23/58</i> and last saw <sup>her</sup> him alive on <i>4/23/58</i> . Death occurred at <i>1215 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>David Goldman MD</i>			22b. ADDRESS <i>539 N. GRAND, ST. LOUIS</i>		22c. DATE SIGNED <i>4/23/58</i>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <i>Special</i>		23b. DATE <i>4-25-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Arthur J. Donnelly, 3840 Lindell Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 24 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith, Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service, 300-56, Doctor, Caravan, etc. must use only standard numerals where in item 10. No symbols will be issued. All diseases in Part I must be causally related. 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 *Wm S. Salter*.....

Licensed Embalmer No. *46*

P. O. Address *3840th*

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.