

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019831
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4751

5. 300
1-57

| | | | | | |
|--|---|---|--|---|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 725 S. Skinker | | Length of stay in lb Life 2 1/2 57 | d. STREET ADDRESS (If outside, give location) 725 S. Skinker | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Louis Charles Johnson | | | 4. DATE OF DEATH Month Day Year May 3, 1958 | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 27, 1881 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Ely-Walker Co | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Horeph Johnson | | 13b. MOTHER'S MAIDEN NAME Ella Butler | | 14. NAME OF HUSBAND OR WIFE Louise C. Johnson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 499-26-4305 | 17. INFORMANT Address Mrs Louise C. Johnson 725 S. Skinker | | |
| 18. CAUSE OF DEATH (Enter only one cause (line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of the head | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | | | | E976x |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Self inflicted on May 3rd 1958 at his home, from time unknown, while suffering from temporary mental depression | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) 1958 at his home, from time unknown, while suffering from temporary mental depression | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year p.m. 5:35 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION St. Louis | | 20g. COUNTY Mo | | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Deputy Registrar) Regina Smith | | | 22b. ADDRESS 1200 Clark | | 22c. DATE SIGNED 5/5/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 4, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 23d. LOCATION (City, town, or country) (State) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Bl | | 25. DATE RECD. BY LOCAL REG. MAY 5 '58 | | 26. REGISTRAR'S SIGNATURE Carl Smith | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mjs.

VS APPROVED
VC

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 *J. A. E. McCallister*

Licensed Embalmer No. *2462*

P. O. Address *6175 22nd*

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.