Health, Welfare Public Service

300
1-57
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023427
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6573

1. PLACE OF DEATH a. COUNTY: St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: /
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: St Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Louis Little Rock Hosp Inc — Length of stay in 1b: 40 20690	d. STREET ADDRESS (If outside, give location): 5854 Highland — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: James Ellison Middle: Last: Johnson		4. DATE OF DEATH Month: June Day: 29 Year: 58	
5. SEX: Male 2	6. COLOR OR RACE: Colored	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH: Aug 26,1894
9. AGE (In years last birthday): 63	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orderly	10b. KIND OF BUSINESS OR INDUSTRY: Hospital	11. BIRTHPLACE (City and state or country): Clarabelle,Co., Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Henry Ellison Johnson	13b. MOTHER'S MAIDEN NAME: Nellie Brown	14. NAME OF HUSBAND OR WIFE: --	
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.: 499,01,1202	17. INFORMANT: Mr.James Johnson Address: 5854 Highland Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Hemorrhage Par 2,Senile Dementia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerosis Generalized

DUE TO (c): 331x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 16,58, to June 29, 58 and last saw her/him alive on June 29,1958

Death occurred at 9,15 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Thomas, Md.	22b. ADDRESS: 1755 So Grand	22c. DATE SIGNED: 6/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7/3/58	23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis County Mo		
24. FUNERAL DIRECTOR: Herman Smith Funeral Home ADDRESS: 4247 W.Labadie	25. DATE RECD. BY LOCAL REG.: JUL 1 '58	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MXB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 W. Claude Gordo

Licensed Embalmer No. 3489

P. O. Address 4575 Ala

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.