

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023428  
STATE FILE NUMBER 6507

318

1003

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

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Inside Limits 38 <i>St Louis</i> 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>Homer Phillip Hosp SOA 266</i>		Length of stay in 1b	
3. NAME OF DECEASED (Type or print) <i>Richard Johnson</i>		4. DATE OF DEATH <i>June 27 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>27 Mar. 1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Tenn. /</i>
13. FATHER'S NAME <i>Robert Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Unk.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Annie L. Bell</i>		Address <i>2519 Grover Pl.</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>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hypertensive Cardio-vascular Disease</i> DUE TO (c) <i>Reischoel</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6/26/58</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>443 x</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>7/13/57</i> to <i>6/27/58</i> and last saw him alive on <i>6/27/58</i> Death occurred at <i>6 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. [Signature]</i>		22b. ADDRESS <i>3186 Choulouan</i>	
22c. DATE SIGNED <i>6/27/58</i>		23. LOCATION (City, town, or county) <i>Memphis Tenn.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>July 1958</i>	
23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town, or county) <i>Memphis Tenn.</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 28 58</i>	
ADDRESS <i>1389 N. Union</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	

**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..... *John K. Cunningham*

Licensed Embalmer No. *441*

P. O. Address *2405 M*

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.