

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027815  
State File No. ....

XC-11561 814

CF: St. Louis, Mo.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1953

4000

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (in this place) <b>161 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>36 VETERANS ADMINISTRATION HOSPITAL</b>			STREET ADDRESS (If rural, give location) <b>5030 LOTUS STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALEXANDER</b> b. (Middle) <b>H.</b> c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 22, 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 24, 1888</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religion</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>STOCKTON, ALABAMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES JOHNSON</b>	14. NAME OF HUSBAND OR WIFE <b>ERMA E. JOHNSON</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>494421623</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>UNDETERMINED</b>  <b>UNDETERMINED</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4300</b>				20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <b>2-11-58</b> , 19____, to <b>7-22-58</b> , 19____, and that death occurred at <b>5:30P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Name and title) <b>G. B. NEUKOM, MD, ACTING DPS</b>			23b. ADDRESS <b>VA HOSPITAL, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>7-23-58</b>
24a. BUREAU OF CREMATION (City, State) <b>Removal</b>	24b. DATE <b>7/26/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-24-58</b>	REGISTRAR'S SIGNATURE <b>Walter P. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. B. Boone 1221 N. Grand</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Melvin Blackburn*.....  
Licensed Embalmer No. *3962*

P. O. Address *1221 N. Geo*

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.