Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-030581

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7988

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5579 Bartmer — Length of stay in 1b: 40 yrs. 2059

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5579 Bartmer — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LYNN Middle I. Last JOHNSON

4. DATE OF DEATH Month August Day 13 Year 1958

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH June 23, 1901

9. AGE (In years last birthday) 57 — 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) Head Waiter

10b. KIND OF BUSINESS OR INDUSTRY Wabash R. R.

11. BIRTHPLACE (City and state or country) Montgomery, Alabama

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ? Johnson

13b. MOTHER'S MAIDEN NAME Annie R. Danridge

14. NAME OF HUSBAND OR WIFE Rachel Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Rachel Johnson Address 5579 Bartmer

*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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) 420.1
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 April 15 58 to Aug. 13 58 and last saw him alive on Aug. 13 58
Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter A. Younge (Degree or title) MD

22b. ADDRESS 2337 Market

22c. DATE SIGNED Aug. 15, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/19/58

23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

23d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. AUG 16 '58

26. REGISTRAR'S SIGNATURE J Earl Smith - MD

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence H. Woodson

Licensed Embalmer No. 4344

P. O. Address 4107 Finney Aven

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.