Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034378
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9043

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS, MO — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1. — Length of stay in Ib: 22
d. STREET ADDRESS (If outside, give location): 2601 Chouteau — Reside on Farm: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: BUSTER — Middle: — Last: JOHNSON

4. DATE OF DEATH: Month: SEPT. Day: 16 Year: 1958

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov 25, 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): Labor.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St Louis MO
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Burl Johnson
13b. MOTHER'S MAIDEN NAME: Laura Hamilton
14. NAME OF HUSBAND OR WIFE: —
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.: 499-03-0698
17. INFORMANT: Arthur Johnson — Address: 2141 Dickson

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): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary artery thrombosis
DUE TO (c): Coronary arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Infarction of Rt. kidney

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 420.1
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 9/3/58, to 9/16/58 and last saw her/him alive on 9/16/58
Death occurred at 3:00 A M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A Chapman M.D. (Degree or title)
22b. ADDRESS: 1515 LAFAYETTE AVE.A
22c. DATE SIGNED: 9/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/19/58
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem
23d. LOCATION (City, town, or county) (State): St Louis County

24. FUNERAL DIRECTOR: Grant Johnson — ADDRESS: 4352 Washington
25. DATE RECD. BY LOCAL REG.: SEP 1 9 '58
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St Louis Mo

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.