

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032899
STATE FILE NUMBER 10157

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN River Rouge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Barnhart City Hospital Length of stay in lb DOA		33. d. STREET ADDRESS (If outside, give location) 16 E. James St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Monroe Johnson		4. DATE OF DEATH Month Day Year October 21, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 12, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Reynolds Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Johnston	
14. NAME OF HUSBAND OR WIFE Laura		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give whole or part of service) Yes WW I	
16. SOCIAL SECURITY NO. 487-24-8921		17. INFORMANT Lonzo Johnson, 16 E. James St. River Rouge, Michigan	
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>Ruptured Aortic Aneurysm</i> Fracture of Sternum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Fracture of Sternum</i> DUE TO (c) <i>Fracture of Sternum</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered when car operated</i> <i>hit against street light</i> <i>in front of apartment 1310 S. Broadway</i> <i>about 804 p.m., October 21, 1958</i>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20c. TIME OF INJURY Hour Month, Day, Year 804 p.m. 10 21 58		20b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) 25 Street St Louis Mo	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis Mo	
21. I attended the deceased from Death occurred at 826 R m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) James M. Kelly Colonel	
22b. ADDRESS 3 1300 Clark		22c. DATE SIGNED 10-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-23-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Piedmont, Mo.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. OCT 23 58	
26. REGISTRAR'S SIGNATURE J. 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