

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037902

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9598

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 1, 1896</b>		9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>Nashville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4024a Delmar Blvd</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4024a Delmar Blvd. Unk.</b>		Length of stay in lb <b>2 1/2</b>		3. NAME OF DECEASED (Type or print) First Middle Last <b>Thomas L. Johnson</b>		4. DATE OF DEATH Month Day Year <b>Oct. 4, 1958</b>					
13a. FATHER'S NAME <b>Will Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Childress</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT <b>Mrs. Hattie Childress</b>		Address <b>4024a Delmar</b>		18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis with bilateral ganglionic infarctions</b>		INTERVAL BETWEEN ONSET AND DEATH							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>recumb.</b>		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>450.0</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:20 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>James M. Kelly</b> (Degree or title) <b>Deputy Registrar</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>10-7-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/8/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		24. FUNERAL DIRECTOR <b>G. Wade Grenberry</b>		ADDRESS <b>4202 Finney</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 7 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

over, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. 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 Eduard A. Flynn.....

Licensed Embalmer No. 4444.....

P. O. Address 4202 Finney Ave

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.