

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037903

STATE FILE NUMBER 10199

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED NOV 10 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, hospice, or institution) <b>BARNES HOSPITAL</b>		Length of stay in 1b <b>29/90</b>	d. STREET ADDRESS (If outside, give location) <b>2211 Dickson Street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>NMN</b> Last <b>JOHNSON</b>			4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>22</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-3-1933</b>	9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plater</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Leroy Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Nichols</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Johnson</b>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-34-7348</b>	17. INFORMANT <b>Elizabeth Johnson</b> Address <b>2211 Dickson Street</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>DISSEMINATED LUPUS ERYTHEMATOSUS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 YEARS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>456x</b>		

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. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Missouri</b>	STATE
21. I attended the deceased from <b>SEPT. 30, 1958</b> to <b>OCT. 22, 1958</b> and last saw <sup>her</sup> him alive on <b>OCT. 22, 1958</b> Death occurred at <b>3:50 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Driver or title) <i>Carl Smith, M.D.</i> M. D.	22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>10/22/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-28-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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24. FUNERAL DIRECTOR <b>Ellis Funeral Home</b>	ADDRESS <b>2820 Stoddard St.</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 24 '58</b>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Antonio G. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

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.