

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011058  
STATE FILE NUMBER  
2528

FILED MAR 25 1959 Registration District No. Primary Registration District No. Registrar 2

1-300  
1-57  
7  
196  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chronic Hosp.</u>		d. STREET ADDRESS <u>8300 Polk</u>	
Length of stay in lb <u>1 yr. 3 mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Johnnie</u> Middle Last <u>Johnson</u>			4. DATE OF DEATH Month <u>3</u> Day <u>5</u> Year <u>59</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>Seper</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1884</u>
9. AGE (In years last birthday) <u>74</u>		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) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>unk.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		13a. FATHER'S NAME <u>unk.</u>	
13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Chronic Hospital Records</u> Address <u>5600 Arsenal St.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Bulmonary Infarcts</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
DUE TO (b) <u>Cor Bulmonale</u>		<u>1 mo.</u>
DUE TO (c) <u>Chronic Bulmonary Interstitial Fibrosis</u>		<u>1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>525x</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 <u>11-13-57</u> to <u>3-5-59</u> and last saw her/him alive on <u>3-5-59</u> Death occurred at <u>6:15 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John W. Beckham, M.D.</u> (Degree or title)	22b. ADDRESS <u>5800 Arsenal</u>	22c. DATE SIGNED <u>3/6/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>
23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State)
24. FORMAL STATEMENT BY LOCAL REG. SERVICE <u>Rowland Aker Mortuary Service</u> 4104 Manchester Ave. St. Louis 10, Mo.		25. DATE RECD. BY LOCAL REG. <u>MAR 12 59</u>
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		

Doctor, 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 .....

Licensed Embalmer No.....

P. O. Address.....

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.