

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019940

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1513

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Berkeley</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Berkeley 4041.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>		Length of stay in lb <b>3 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>5833 Dowling</b>
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>A.</b> Last <b>Johns, Sr.</b>		4. DATE OF DEATH Month <b>6</b> Day <b>1</b> Year <b>59</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>Mar. 28, 1880</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist - Ret.</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Metal</b>	9c. AGE (In years last birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
11. BIRTHPLACE (City and state or country) <b>Hamilton County, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alex Johns</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Taylor</b>	
14. NAME OF HUSBAND OR WIFE <b>Alma Dell Johns</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>489-18-8599A</b>		17. INFORMANT <b>Mrs. G. E. Paull, 5833 Dowling</b>	
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>Cerebral infarctions</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b> DUE TO (c) <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4221</b>			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.)	
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 <b>Jan 23, 1959</b> to <b>June 1, 1959</b> and last saw him alive on <b>5/26/59</b> Death occurred at <b>8:30 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Lewis Sittmann MD</b> (Degree or title)		22b. ADDRESS <b>8231 Clayton Rd (17)</b>	
22c. DATE SIGNED <b>6/2/59</b>		23. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
23c. DATE <b>6/3/59</b>		24. FUNERAL DIRECTOR <b>Drehmann-Harral</b>	
23d. ADDRESS <b>1905 Union</b>		25. DATE RECD. BY LOCAL REG. <b>6-2-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Albert R. Thompson* .....

Licensed Embalmer No. *4257* .....  
P. O. Address *H. J. Jones* .....

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.