

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023046

STATE FILE NUMBER 6237
REGISTRAR'S SIGNATURE

FILED JUL 13 1959

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2323 La Salle St</i>		Length of stay in lb.	d. STREET ADDRESS (If outside, give location) <i>2323 La Salle St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Martin Edward Johnson</i>			4. DATE OF DEATH Month Day Year <i>6 28 59</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 25-1896</i>	9. AGE (In years at birthday) IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <i>Minister</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Chicago Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Benjamin</i>	13b. MOTHER'S MAIDEN NAME <i>Delia ?</i>	14. NAME OF HUSBAND OR WIFE <i>Louanna</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>470-05-1376</i>	17. INFORMANT Address <i>Louanna 2323 La Salle St</i>
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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) <i>Carcinoma of Colon</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <i>153.8</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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
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21. I attended the deceased from Death occurred at <i>3:25 P.M.</i> on <i>3/18/59</i> to <i>6/28/59</i> and last saw him alive on <i>6/28/59</i> in the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Signature or title) <i>W. E. Gray M.D.</i>	22b. ADDRESS <i>3136 Chautau</i>	22c. DATE SIGNED <i>6/28/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>July 3 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>Mrs. S. J. Watson</i>	ADDRESS <i>2769 Chautau</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 1 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith. M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Esther N. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Wash*

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.