

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030525

FILED VS AUG 18 1959

2 7267

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4628 Greer		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last William Johnson				4. DATE OF DEATH Month Day Year August 3, 1959							
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-21-1892		9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter				10b. KIND OF BUSINESS OR INDUSTRY M.P.R.R.		11. BIRTHPLACE (City and state or country) Houston, Texas		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Henry Johnson				13b. MOTHER'S MAIDEN NAME Lucinda				14. NAME OF HUSBAND OR WIFE Julia Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Edgar Hennington 4534 Lexington Avenue					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypertensive heart disease DUE TO (b) Hypertensive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriolosclerosis DUE TO (c) Arteriolosclerosis 442X								INTERVAL BETWEEN ONSET AND DEATH 6 mos 1 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year											
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 June 30, 1959 to Aug 3, 1959 and last saw him live on Aug 2, 1959 Death occurred at 5 P.M. 5 P on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Edward B. Williams M.D.						22b. ADDRESS 2801 N. Taylor Ave			22c. DATE SIGNED 8-4-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/8/59		23c. NAME OF CEMETERY OR CREMATORY Washington Park			23d. LOCATION (City, town, or county) Berkley, Missouri			(State)	
24. FUNERAL DIRECTOR E. B. Spencer				ADDRESS 1221 North Grand		25. DATE RECD. BY LOCAL REG. AUG 5 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Malcolm Blackwood

Licensed Embalmer No. 3462

P. O. Address W. N. N. B.

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.