

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-003606

FILED VS JAN 29 1960

2 60F

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		c. CITY OR TOWN St. Louis, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1416 Farragut	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last HAROLD JOHNSON			4. DATE OF DEATH Month Day Year January 17, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-2-08	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) formerly: painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Roscoe Johnson		13b. MOTHER'S MAIDEN NAME Lena (Dehne)	
14. NAME OF HUSBAND OR WIFE Geraldine (Taylor)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. 702-12-4225		17. INFORMANT Address Geraldine Johnson 4709 Alaska			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) 491x			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1/19/60 (b) Subdural hematoma, Rt. - 2 wks. Huntington's Chorea - 15 years.			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 checked="" type="checkbox"/> NO <input 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 Nov. 20, 1950 to Jan. 17, 1960 and last saw him alive on Jan. 17, 1960 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE L. Hofstatter M.D.	22b. ADDRESS 5400 Arsenal St.,	22c. DATE SIGNED 1-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) Lamay, Missouri	23e. DATE RECD. BY LOCAL REG. JAN 18 1960	23f. REGISTRAR'S SIGNATURE Earl Smith, M.D.
24. FUNERAL DIRECTOR ADDRESS C. Hofmeister Mortuaries 7814 So. Broadway St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JAN 18 1960	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m & B

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 James E. Hopper

Licensed Embalmer No. 3870

P. O. Address 7814 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.