

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003610

FILED VS JAN 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 280 STATE FILE NUMBER _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN	
		<u>St. Louis</u>		<u>30-yrs</u>		<u>St. Louis.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION				Inside Limits		d. STREET ADDRESS (If outside, give location)	
<u>Homer G. Phillip's Hosp't</u>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<u>3690 A. Laclede Ave</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First		Middle		Last		Month Day Year	
<u>SPENCER</u>				<u>JOHNSON</u>		<u>1 2 1960</u>	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
<u>M</u>	<u>Col</u>		<u>1-6-1898</u>	<u>61 yrs</u>	Months Days Hours Min.	<u>11 30 - -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of your)		12. CITIZEN OF WHAT COUNTRY	
<u>Foreman</u>		<u>Public Moving Industry</u>		<u>Wentzville Mo</u>		<u>U. S. A.</u>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
<u>William Johnson</u>			<u>Plenty Hunter</u>			<u>Marie Johnson</u>	
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			
<u>yes</u>		<u>W-W-1</u>		<u>493-20-6372</u>		<u>Walter Johnson</u> Address: <u>8450 Scudder Road Kinlock Park, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma of Esophagus</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c) <u>150x</u>							
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 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					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	Hour a.m. p.m.						
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 _____ to _____ and last saw her/him alive on _____.							
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE			(Degree or title)			22b. ADDRESS	22c. DATE SIGNED
<u>Paul Johnson</u>			<u>Deputy Coroner</u>			<u>1300 Clark Ave</u>	<u>1/5/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Remove</u>		<u>1-8-1960</u>		<u>National Cemetery</u>		<u>Jefferson(St. Louis)Brk's Mo.</u>	
24. FUNERAL DIRECTOR			ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
<u>J. H. Randle & Son</u>			<u>3133 Bell Ave</u>		<u>JAN 5 1960</u>		<u>Earl Smith, M.D.</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

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

Esther K. Harris

Licensed Embalmer No. 445

P. O. Address 4181 7th

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.