

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-036242**

**FILED VS SEP 2 8 1960**

**318**

**1003**

**8810**

**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>MO.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>ST Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. CITY #1</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1200 Park Ave</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LEMAR</b> Middle <b>JOHNSON</b> Last			4. DATE OF DEATH <b>SEPT. 6 1960</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 27 1960</b>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <b>3</b> Days <b>9</b> IF UNDER 24 HR: Hours <b> </b> Min. <b> </b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ST Louis, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>JOHN JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>LUELLA DUSLEY</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>JOHN JOHNSON 1200 PARK AVE</b> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Suffocation**

DUE TO (b) \_\_\_\_\_

DUE TO (c) **924.0 - 18**

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**Suffered when fell and lying on floor at home, with plastic sheet over head, on**

20c. TIME OF INJURY Hour Month, Day, Year  
**9 660 September 6, 1960**  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)  
**Home**

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**St Louis MO**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **D.O.A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, title)  
**Paul Simon Deputy Coroner**

22b. ADDRESS  
**1300 Clark**

22c. DATE SIGNED  
**9/8/60**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
**Sept 9, 1960**

23c. NAME OF CEMETERY OR CREMATORY  
**Washington Park**

23d. LOCATION (City, town, or county) (State)  
**St Louis MO**

24. FUNERAL DIRECTOR  
**RELIABLE FUNERALS SYSTEM**

24b. ADDRESS  
**1589 N. \_\_\_\_\_**

25. DATE RECD. BY LOCAL REG.  
**SEP 8 1960**

26. REGISTRAR'S SIGNATURE  
**Loan 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 Lawrence Pearson

Licensed Embalmer No. 4-55

P. O. Address 1389 N. U.

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.