

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) ST. LOUIS		Length of stay in 1b 3 Years		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 821, A. North, 15th Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) 821, A. North, 15th Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last JAMES EVERETT JOHNSON			4. DATE OF DEATH Month Day Year II 7 20 / 1960										
5. SEX MALE		6. COLOR OR RACE COL.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/28/1904		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION LABORER				10b. KIND OF BUSINESS OR INDUSTRY SHURMAN CONTRACT. CO		11. BIRTHPLACE (City and state or country) HUNTSVILLE ALABAMA			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME JOSEPH J. JOHNSON				13b. MOTHER'S MAIDEN NAME BETTIE E. BURNS				14. NAME OF HUSBAND OR WIFE LILLIAN JOHNSON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give ^{or} dates of service) NO			16. SOCIAL SECURITY NO. 717 - 07-4891		17. INFORMANT DOROTHY J. JORDON ^{Address} 400, 21st, Avenue SEATTLE, 22, WASHINGTON								

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) Stroke arteriosclerosis													
DUE TO (b) Coronary Sclerosis													
DUE TO (c) 241X													
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 s.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 _____ to _____ and last saw her/him alive on _____. Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.												

22a. SIGNATURE (Degree or title) Paul Johnson Deputy Coroner				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 11/26/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 11-27-60		23c. NAME OF CEMETERY OR CREMATORY HUNTSVILLE ALABAMA				23d. LOCATION (City, town, or county) (State) HUNTSVILLE ALABAMA			
24. FUNERAL DIRECTOR John Houston					ADDRESS 2812, THOMAS ST.			25. DATE RECD. BY LOCAL REG. 11/26/60		26. REGISTRAR'S SIGNATURE Paul Smith M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

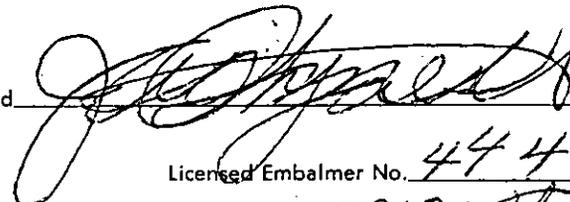
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 444

P. O. Address 28121tho

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