

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-026964

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6800 STATE FILE NUMBER

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Saint Louis</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Saint Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4408 Cottage</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
EVANS S. JOHNSON July 21, 1961

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/17/04 9. AGE (last birthday) 57
 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter 10b. KIND OF BUSINESS OR INDUSTRY Normandy Golf Club 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Sylvester Johnson 13b. MOTHER'S MAIDEN NAME Evelyn Evans 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Florence Johnson, 4408 Cottage

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Stroke + pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 1 day
 DUE TO (b) Cerebral Thromboses 2 wks
 DUE TO (c) 332XA
 Conditions if any which have rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary tuberculosis
 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.)

20c. TIME OF INJURY Hour Month, Day, Year
 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-20-61 to 7-21-61 and last saw her/him alive on 7-21-61
 Death occurred at 1A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marion R. ... 22b. ADDRESS 100 N. Euclid 22c. DATE SIGNED 7-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/24/61 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Charles J. Gates, 4107 Finney 25. DATE RECD. BY LOCAL REG. JUL 21 1961 26. REGISTRAR'S SIGNATURE Lead Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Geoffrey Swan

Licensed Embalmer No. **4580**

P. O. Address **4107 Finney**

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.