

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045314

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3351

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
2 210
3
4 2
5 1
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7 1
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11 117
12 45-3
13

RATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) OR TOWN Clayton		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4300A Ashland Ave.
3. NAME OF DECEASED (Type or print) First FRANK Middle LONNIE Last JOHNSON			4. DATE OF DEATH Month November Day 16 Year 1962
5. SEX Male	6. COLOR OR RACE Negro	7. Marital Status Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Daley Const. Co.	11. BIRTHPLACE (City and state or country) Little Rock, Arkansas
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME LIZZIE SMITH	14. NAME OF HUSBAND OR WIFE HENRIETTA JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Henrietta Johnson ^{4300A Ashland Ave.} St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crush injury of chest			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 910.3-16			
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 checked="" 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.) Cave-in of excavation	
20c. TIME OF INJURY Hour 8:50 Month Nov Day 11 Year 1962 approx 8:50 a.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) outdoor construction job	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Clayton 3C St. Louis	COUNTY Missouri STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 9:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond H. Harris</i> Coroner		22b. ADDRESS Clayton, Missouri	22c. DATE SIGNED 11/20/62
23a. BURIAL CREATION, REMOVAL (Specify) Burial	23b. DATE 11/23/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
24. FUNERAL DIRECTOR <i>Monroe Office</i> 2111 Missouri Ave. East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. 11-17-62	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>

USE BLACK INK OR TYPEWRITER RIBBON

State of Louisiana
 Parish of Orleans
 City of New Orleans
 Date of Death
 Cause of Death
 Age at Death
 Sex
 Race
 Marital Status
 Occupation
 Name of Deceased
 Name of Next of Kin
 Address of Deceased
 Address of Next of Kin
 Name of Undertaker
 Name of Embalmer
 Name of Witness
 Name of Witness
 Name of Witness

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 Marion C. Offner

Licensed Embalmer No. 5177

P. O. Address St. Louis, Mo

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 stated above.