

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003666

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **356** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1963

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis, Missouri b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis University hospital. Firmin Desloge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS 4128 Tesson (If outside, give location) 4128 Tesson Blvd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Charles P. Middle Johnson Last Sr. | | 4. DATE OF DEATH Month January Day 10 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-25-96 |
| 9. AGE (last birthday) 66 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY own business | 11. BIRTHPLACE (City and state or country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME John Johnson | 13b. MOTHER'S MAIDEN NAME Flora Givens |
| 14. NAME OF HUSBAND OR WIFE Flora | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no none | |
| 16. CAUSE OF DEATH (Enter only one cause per time (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Broncho pneumonia DUE TO (b) Oxygenation pneumonia DUE TO (c) Chronic Subdural Hematoma | | INTERVAL BETWEEN ONSET AND DEATH 12-30-62 1-10-63 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 491x | | 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.) No known injury | |
| 20c. TIME OF INJURY Hour a.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 14-63 to 1-10-63 and last saw her/him alive on 1-9-63 Death occurred at 8:30 AM 1-10-62 m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Firmin Desloge 22c. DATE SIGNED 1-10-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 1-12-63 | 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery Belle, Mo. | 23d. LOCATION (City, town, or county) Belle, Mo. |
| 24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo. | | 25. DATE RECD. BY LOCAL REG. JAN 12 1963 | 26. REGISTRAR'S SIGNATURE Road Smith, M.D. |

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 David Van Housen

Licensed Embalmer No. 4242

P. O. Address Orleans, 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 so stated above.