

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 21739615 SI-267003

Registration District No. 6753

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 6753 Primary Registration District No. 1003

FILED JUL 5 1963

1. PLACE OF DEATH
a. COUNTY Illinois b. COUNTY admission)

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Missouri Length of stay in 1b 49 days c. CITY OR TOWN East St Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Admin Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No 10A John De Shields

3. NAME OF DECEASED First Middle Last Eugene L Johnson 4. DATE OF DEATH Month Day Year 6/23/63

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/1/31 9. AGE (last birthday) 32 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) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Company Central State Bag 11. BIRTHPLACE (City and state or country) East St Louis, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Eugene Johnson 13b. MOTHER'S MAIDEN NAME Sallie Moore 14. NAME OF HUSBAND OR WIFE Marvin Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. Korean 17. INFORMANT Address Marvin Johnson (wife) See 2 above

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MALIGNANT NEPHROSCLEROSIS
MALIGNANT HYPERTENSION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 445x
DUE TO (c)

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

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 a.m. p.m. Month, Day, Year

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.) VA 20f. CITY, TOWN, OR LOCATION COUNTY STATE VA 6/23/63

21. Attended the deceased from 5/6/63 to 6/23/63 and last saw him alive on 6/23/63
Death occurred at 8:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) JOHN DEBARDIA MD 22b. ADDRESS VAH, St Louis, Mo. 22c. DATE SIGNED 6/24/63

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/28/63 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks Missouri

24. FUNERAL DIRECTOR ADDRESS 2114 Missouri Avenue East St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. JUN 27 1963 26. REGISTRAR'S SIGNATURE Road Smith. H.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.

Signature of Licensed Embalmer

Student _____

Signature of Student Embalmer

Signed

Frank Trovati

Licensed Embalmer No. 4356

P. O. Address St. James 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.

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