

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030579

STATE FILE NUMBER

8503

FILED SEP 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8503

300  
1-57  
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1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Homer G. Phillips D.O.A. 9/27		d. STREET ADDRESS 4627 McPherson	
3. NAME OF DECEASED (Type or print) First Middle Last Lenzie Johnson		4. DATE OF DEATH Month Day Year Aug. 30, 1958	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 41
11. BIRTHPLACE (City and state or country) Charleston, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Maxine Johnson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-24-7161		17. INFORMANT Address Maxine Johnson 4627 McPherson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage following stab wound of chest.</i>			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) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (b) or (c) <i>Deceased was in the hospital at the time of the altercation at 1243 North 9th St. about 9:50 a.m. August 30 1958. Mother justifiable as homicide could not be determined.</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. HOW INJURED? Enter nature of injury in Part I or Part II of item 18. <i>Altercation at 1243 North 9th St.</i>		
20c. TIME OF INJURY Hour Month, Day, Year 9:50 a.m. 8 30 August 30 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Street</i>		
20e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 9:56 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick Taylor Carver</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 9. 3. 58.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/5/1958	23c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MISSOURI
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney		25. DATE RECD. BY LOCAL REG. SEP 3 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *Edward G Flynn* .....

Licensed Embalmer No. 4444 .....

P. O. Address 4202 Finney Av .....

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.