

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1512** STATE FILE NUMBER

AMENDED

**FILED VS. FEB 28 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Little Rock Hospitals, Inc.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS **810 N. Compton** (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Theibert** Middle \_\_\_\_\_ Last **Johnson**  
 4. DATE OF DEATH Month **Feb.** Day **13,** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **3-4-1889** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Janitor**  
 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Marshall, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Henry Johnson** 13b. MOTHER'S MAIDEN NAME **Nancy Allen** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) **Yes WW I** 16. SOCIAL SECURITY NO. **702-12- 6552** 17. INFORMANT **Ernest Johnson-568 W. Marion, Marshall** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Septicemia - Uremia**  
 DUE TO (b) **Nephros litieliasis**  
 DUE TO (c) **Pyelonephritis 602+**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH  
**1 week**  
**2 yrs?**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Arteriosclerotic Heart Disease**

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.) \_\_\_\_\_  
 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **2-8-61** to **2/13-61** and last saw him alive on **2-8-61**  
 Death occurred at **1.55 A.** m on the date stated, above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Masao Okamoto M.D.** 22b. ADDRESS **1755 South Grand** 22c. DATE SIGNED **2/14/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2-17-61** 23c. NAME OF CEMETERY OR CREMATORY **Fairview Cemetery** 23d. LOCATION (City, town, or county) **Marshall, Mo.**

24. FUNERAL DIRECTOR **Wade Undertaking Co.** ADDRESS **4202 Finney Ave. St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **FEB 14 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

APR 19 1967

**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 A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

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.