

REC'D FEB 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3685

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles 2 Registration District No. 760B
(b) Township Dardenne Primary Registration District No. 6001 Registered No. 69
(c) City St. Charles (d) Street No. 1 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Wright Johnson
(a) Residence, No. 07allon R 1 St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 10 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER 13. NAME Dr. C. M. Johnson
14. BIRTHPLACE (CITY OR TOWN): (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Martha Johnson
07allon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE Feb. 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eakutly
07allon Mo.

20. FILED Feb. 13 1939 E. A. Keithly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to Feb. 11 1939
I last saw him alive on Feb. 11 1939 Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 2-1-39

Other contributory causes of importance: Paralysis Agitans 1920.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify Nicholas J. Nonch, M. D.
(Signed) O'Fallon, Mo.
6001 (Address)

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, _____

Ed Keithly

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Ed Keithly

Licensed Embalmer No. _____

874

P. O. Address _____

Dallow Mc

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 this body is not embalmed, above space should be left blank.