

MAR 31 1939
 APR 7 1939

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

12280
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Maplewood Primary Registration District No. 106
 (c) City Maplewood (d) Street No. 7130 Kensington 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 Charles John Johnson

(a) Residence, No. 7130 Kensington St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Sweden

FATHER

13. NAME John Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Hannah Johnson
 (ADDRESS) 7130 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Park DATE April 1, 1939

19. FUNERAL DIRECTOR Jay B. Smith
 (ADDRESS) 7456 Manchester

20. FILED MAR 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to March 29, 1939
 I last saw him alive on March 29, 1939 Death is said to have occurred on the date stated above, at 7:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
23
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Vincent J. Rosenthal, M. D.
 (Address) 3101 Sutter Ave
Maplewood Mo.

(License of Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FORM 20-37
 I-X12004

STATEMENT BY LICENSED EMBALMER

I, W. P. Burgess, Licensed Embalmer No. 4029
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed W. P. Burgess
Licensed Embalmer No. 4029

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.)