

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 17 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38415

Registration District No.

701

Primary Registration District No.

Registrar's No.

10254

1. PLACE OF DEATH:

(a) County 1003 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6055 Waterman Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6055 Waterman, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME CLARENCE E. JOHNSON 5 3

3. (b) If veteran, name war unknown 3. (c) Social Security No. 490-03-5294

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fay L. Johnson 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dec. 29 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace Peoria, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Stove Salesman

11. Industry or business Simmons Hardware Co.

12. Name Rev. C.W. Johnson

13. Birthplace unknown Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Mery Alstrand

15. Birthplace unknown Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Fay L. Johnson

(b) Address 6055 Waterman,

17. (a) Removal (b) Date thereof 12/1/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Ill

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) NOV 30 1939 (b) J.B. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1939 hour 1 minute 20 a. M.

21. I hereby certify that I attended the deceased from June 12th
1939, 1939, to NOV. 29th, 1939
that I last saw him alive on NOV 29th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary Tuberculosis 4 1/2 yrs.

Due to none

Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Arthur C. [Signature] (M. D. or other) _____

Address 607 No Grand Blvd. Date signed 11/30/39

Dr. A.C. Henake,
University Club Bldg.
1-3 P.M.
JE- 6148

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~~.....

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

Signed Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St. Louis 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 this body is not embalmed, above space should be left blank.