. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8804

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2287

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Wentzville NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Johnson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Douglas Simms

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1855 (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christopher Johnson
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Margaret McClure
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Howard Glenn
(b) Address Detroit, Mich.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 7 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 24, 1940, to March 7, 1940, that I last saw him alive on March 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant papilloma of urinary bladder	4 yrs.
Due to	
Due to	
Other conditions: Extreme hematuria (Include pregnancy within 3 months of death)	

Major findings: Of operations: Verification on Cystoscopic Examination
Of autopsy

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

23. Signature Robert F. Hickey (M. D. or other)
Address 634 No. Grand Date signed 3/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Happe

Licensed Embalmer No. 1861

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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