

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6421

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:
5616 Cabanne Ave.
(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 _____
(c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")
(d) Street No. #5616 Cabanne, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 8 minute - A.M.

21. I hereby certify that I attended the deceased from
August, 1935, to present, 1940;
that I last saw him alive on July, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
auricular fibrillation
Due to Myocarditis chronic
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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)
(e) Means of injury _____

23. Signature Joy L. Brown (M. D. or other) _____
Address 1651 Enright Date signed 7-29-40

3. (a) PRINT FULL NAME Richard M. Johnson, 525
(b) If veteran, name war none. (c) Social Security No. 489-03-5780

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Z. Johnson. 6. (c) Age of husband or wife if alive 61. years
7. Birth date of deceased May 15, 1873.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67. 2. 14. hr. min.

9. Birthplace Hankow, China. 7
(City, town, or county) (State or foreign country)

10. Usual occupation retired 1

11. Industry or business paint salesman

MOTHER FATHER { 12. Name Richard M. Johnson. 0
13. Birthplace Belleville, Illinois,
(City, town, or county) (State or foreign country)
14. Maiden name Ann Blow.
15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. M. Johnson.

(b) Address 5616 Cabanne Ave.

17. (a) burial. (b) Date thereof 7 - 31 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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

(b) Address #7233 Delmar Bly'd.

19. (a) JUL 30 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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

Dr J. L. Gross.
6651 E. Mississippi
CA - 3924

2:30 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.