

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1955

1. PLACE OF DEATH: St. Louis
(a) County Clayton
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Oliver Johnson
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Johnson 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Aug. 26 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Clinton County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Johnson
13. Birthplace Unknown Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Helgeson
15. Birthplace Unknown Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Quayle Brown
(b) Address St. Louis County Hospital
17. (a) Burial (b) Date thereof 10/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Louis H. Bopp
(b) Address St. Louis County Hospital

19. OCT 15 1940 (Date received local registrar)
DR. Myers M.D. St. Louis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Woodlawn Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1940 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from 9-20-40
_____, 19____, to 10-14-40, 19____;
that I last saw him alive on 10-14-40
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5-6 days

Due to 46

Due to _____

Other conditions Carcinoma of sigmoid
(Include pregnancy within 3 months of death)

Major findings: Of operations under carcinoma of sigmoid
2 enlarged, firm adjacent nodes
Of autopsy Pneumonia, localized
peritonitis, enlarged of mesenteric nodes

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 Swetall (M. D. or other) _____

Address St. Louis County Hospital Date signed 10/17/40

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.....

John M. Meyer
.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

John M. Meyer
.....

Licensed Embalmer No. *3288*

P. O. Address *340 W. Adams*
Wilmington, Del.

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, fact should be so stated above.