DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36366

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 2005

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3203 Big Bend (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 3202 Big Bend (If rural, give location)
(e) If foreign born, how long in U. S. A.? 26 years.

3. (a) PRINT FULL NAME Oscar O. Johnson
3. (b) If veteran, name war no
3. (c) Social Security No. 486-12-7302
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years About ~~50~~ 58 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Sweden (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Sweden (State or foreign country)
16. (a) Informant Maplewood Police
(b) Address Maplewood, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) OCT 24 1940 (Date received local registrar) (b) H. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1940 hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by Hanging	10/24/40
Due to Strangulation	
Due to 165	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

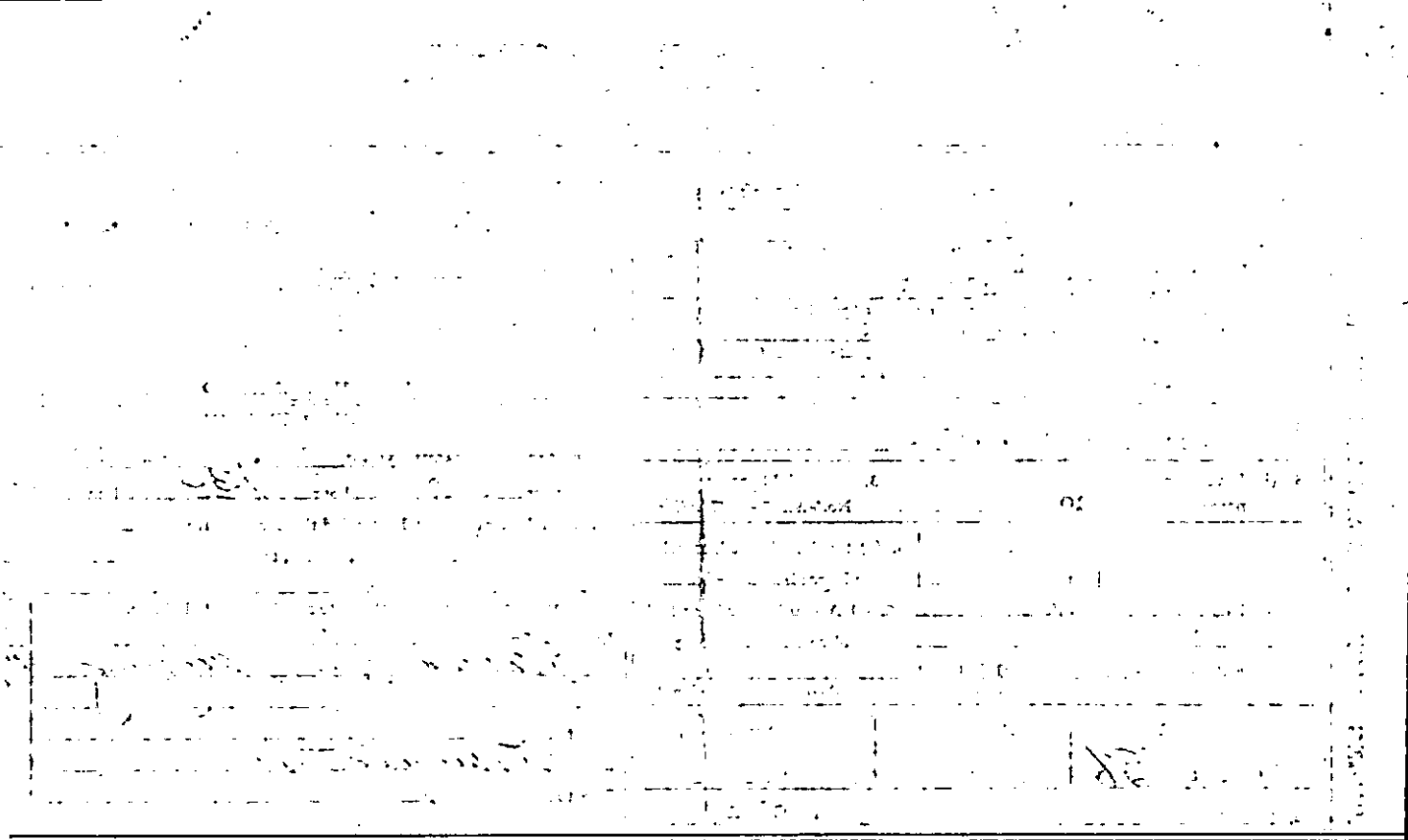
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 24 1940
(c) Where did injury occur? Maplewood Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Hanging

23. Signature John O Linnell (M. D. or other)
Address Missouri St Louis Co Date signed 10-23-40

(Licensed Embalmer's Statement on Reverse Side)

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



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 J. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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

If this body is not embalmed, fact should be so stated above.