

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40169**  
**9940**  
Registrar's No.

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **City Hospital**  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Andrew Johnson**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **100-2518**

4. Sex **Male** 5. Color of race **White** 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 **Aug. 10-1876**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Sweden**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hand laborer**

11. Industry or business **Hand laborer**

12. Name **Anderson**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant **John Murphy - (D)**

(b) Address **2128 Reebert Pl**

17. (a) **Burial** (b) Date thereof **12-6-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **633 E. 12th St**

19. (a) **DEC 4 1940** (b) **J. H. Braddock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2207 Chestnut**  
(If rural, give location)  
(e) If married how long (less than 1 year) \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **11** day **11**  
year **1940** hour **11:50** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Acute Cause undetermined**

Due to **Chronic Myocarditis**

Other conditions \_\_\_\_\_  
(If pregnancy within 3 months of death)

Major findings: Of operations **ABC**

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 **5**

23. Signature **John M. ...** (M. D. or other)  
Address **Deputy Coroner** Date signed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**