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7-39  
C23139

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:  
En Route to City Hospital #1 2  
(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: 000  
17  
9 19

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4361 Laclede Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Johnson known as Harry LaSalle

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 494-05-4169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day October  
year 1941 hour 9:45 minute A. M.

4. Sex Male 5. Color or 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

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.

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 50			hr. _____ min.

Immediate cause of death

Coronary Infarct;  
Chronic Myocarditis;

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Biederman Furniture Co

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER {

12. Name Carl O. Johnson

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

14. Maiden name Anna Janicquist

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm S. Johnson

(b) Address Alexandria Louisiana

17. (a) Removal (b) Date thereof Oct 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

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? \_\_\_\_\_

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 23 1941 (b) J. J. Brudette  
(Date of death) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Wm S. Johnson (M. D. or other) \_\_\_\_\_

Address Chicago, Illinois Date signed 10/22/41

**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.....

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P. O. Address..... 732 Lemay

**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.**