

FILED FEB 24 1947 91

Registration District No.

1003

Registrar's No.

212

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution: 5210 Washington Ave
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5210 Washington
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME EVERETT JOHNSON.

3. (b) If veteran, name war No 3. (c) Social Security No. 497-10-7881

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Johnson 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb. 4, 1889

8. AGE: Years 58 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace California (State or foreign country) 1

10. Usual occupation Salesman

11. Industry or business Alexander Hamilton Institute

12. Name Everett Johnson

13. Birthplace Indiana (State or foreign country) 1

14. Maiden name Wassner

15. Birthplace Indiana (State or foreign country) 1

16. (a) Informant Agnes Johnson

(b) Address 5210 Washington Ave

17. (a) Burial (b) Date thereof Jan 9, 1942

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. J. Quinn

(b) Address 13890

19. (a) Jan 8 1942 (b) J. J. Beck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1942 hour 5:25 minute A 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.

Immediate cause of death _____
Due to Cerebral Vascular

Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. J. Quinn (M. D. or other) _____
Address Calvary Date signed 1/8/42

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

MOTHER FATHER

Duration

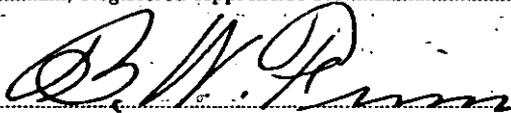
PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 1591

P. O. Address 4106th Botanical

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.