

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

4516

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1867

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. John's Hospital
(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:

(a) State Missouri (b) County 16 008

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

(d) Street No. 3951a Dunnica
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Orville E. Johnson

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th
year 1942 hour 12 p.m. minute NOON M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence P. Johnson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 17, 1890
(Month) (Day) (Year)

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.

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>4</u>	<u>9</u>	hr. min.

Immediate cause of death Coronary Thrombosis, right coronary artery; advanced sclerosis; Chronic Myocardial changes.
Due to.....

9. Birthplace Jamestown, N. Y.
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation Chief Clerk

11. Industry or business Public Service Co.

Other conditions (Include pregnancy within 3 months of death).....

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant Mrs. Florence P. Johnson

(b) Address 3951a Dunnica

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 3-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(a) Signature of funeral director SOUTHERN FUNERAL HOME
6322 S. Grand Blvd.

(b) Address.....

(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?
(Specify type of place) (e) Means of injury

19. (a) FEB 28 1942 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callahan (M. D. or other) 13
Address Deputy Coroner Date signed 3/27/42

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

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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.....

Virgil L. Berryman

(Licensed Embalmer No. *14018*)

P. O. Address *St. Louis Mo.*

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.