

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

25951
State File No. 6989
Registrar's No.

Registration District No. Primary-Registration District No.

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:
Kingsway Hotel Kingshighway and Lindell Blvd
(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 Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
Street No. LaSalle Hotel 922 Linwood Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aloysius William Johnson
3. (b) If veteran Alias E.V. Fanning 3. (c) Social Security
name war Unknown No. 496-05-1012

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18th day August
year 1942 hour 7:30 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Unknown
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

Immediate cause of death:
Self-administered Occlusal injury
Chronic Interstitial Nephritis
Due to _____
Due to _____

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
About 55 hr. _____ min.

Other conditions: 1/31
(Include pregnancy within 3 months of death)
Major findings: 1/31
Of operations _____
Of autopsy _____

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation Appraiser Probate Court
11. Industry or business Jackson County Missouri
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Thomas Callahan
(b) Address Coroners Office
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof August 20 1942
(Month) (Day) (Year)
Place: burial or cremation Providence Rhode Island

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 _____
23. Signature Thomas Callahan (If D. or other)
Address Deputy Coroner Date signed 8/20/42

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave
19. (a) AUG 20 1942 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Quinn

Licensed Embalmer No. 2245

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.