V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35534

State File No. 9797

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St John Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 22 12

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 Frey Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH JOHNS.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 12. 42 1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 11 ~~10~~ | If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name RAYMOND JOHNS
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARIE BAEVER
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Johns
(b) Address 1111 Frey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24. /42
(Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave.

19. (a) NOV 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1942 hour 7 minute 45 A.M.M.

21. I hereby certify that I attended the deceased from Nov 12/42, 19 to Nov 23, 1942
that I last saw him alive on Nov 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus Spina Bifida

Due to Deformity at Birth Congenital

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 157

Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature George T. Nelson Md (M. D. or other)

Address 3903 Olive Date signed 11/24/42

(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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Francis

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.