

FILED JAN - 5 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10898**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**  
(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: **BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **4 days**  
Specify whether  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **26**  
(c) City or town **Jefferson City** **5 NR.**  
(If outside city or town limits, write "RURAL") **4 NR.**  
(d) Street No. **104 Jackson St**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Harvy Johnson**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **3 Divorced**

6. (b) Name of husband or wife **Mrs. Helen Johnson** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **June 11 1882**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **6** Days **16** If less than one day hr. .... min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Guard**  
11. Industry or business **State Penitentiary**

MOTHER FATHER

12. Name **August Johnson**  
13. Birthplace **Sweden 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Clara Unknown**  
15. Birthplace **Sweden 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Dorothy Johnson**  
(b) Address **5305 Delmar**

17. (a) **Cremation** (b) Date thereof **12 29 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Beiderweden Funl Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **DEC 29 1942** (b) **J. P. Bredebeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27**  
year **1942** hour **5:45** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec 23** 19**42** to **Dec 27** 19**42**  
that I last saw him alive on **Dec 27** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration

Due to **Hypertensive cardiorascular disease**  
**Cardiac decompensation**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **92% 6/26**

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?..... (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 **JR Bradley** (M. D. or other)  
Address **BARNES HOSPITAL** Date signed **12-29-42**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

**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.**