S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4357

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1112

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:
1126 E. John Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2116 East John Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James M. Johnson

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret E. Johnson nee Miller

(c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 19, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	14	hr. min.

9. Birthplace Unknown (City, town, or county) Canada (State or foreign country)

10. Usual occupation Traveling accountant

11. Industry or business Wabash Railroad

FATHER
12. Name Henry Johnson
13. Birthplace Unknown (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Martha Upper
15. Birthplace Unknown (City, town, or county) Canada (State or foreign country)

16. (a) Informant Margaret E. Johnson
(b) Address 1126 E. John Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1943 hour 3:45 AM minute M.

21. I hereby certify that I attended the deceased from 7/10/42, 1941, to 2/2, 1943 that I last saw him alive on 2/2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Throat

Duration 6 mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other)

Address 4901 N. Broadway Date signed 2/2/43

(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 Francis C. Williamson

Licensed Embalmer No. 3565

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.