

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Baden Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Training School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 1/2 yrs.
(Specify whether
In this community 14 1/3 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis Training School
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Everett Johnson

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex Male 5. Color or Race Wht. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug. 24 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 6 20 hr. min.

9. Birthplace Piedmont Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name William Johnson

13. Birthplace Ida Warren Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ida Warren Missouri
(City, town, or county) (State or foreign country)

15. Birthplace Records, St. Louis Training School

16. (a) Informant Records, St. Louis Training School

(b) Address Baden Sta., St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John T. Ebbken

(b) Address 2630 Shawan's Ave

19. (a) 3-18-43 (b) Edna M. Larran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar. 11
1943 to Mar 16, 1943;
that I last saw him alive on Mar. 16, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/5/43

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 Joseph A. Costello (M. D. or other) M. D.
Address Baden Sta., St. Louis, Mo. Date signed 3/16/43

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

96
00
0

96
11

0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Robert F. Gibben

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.