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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4617

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

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: 5853 MINERVA AV.
(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: 000
(a) State MISSOURI (b) County 17 6
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5853 MINERVA AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John C. Johnson.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, ~~married~~, ~~divorced~~ 2 WIDOWER
6. (b) Name of husband or wife EMMA JOHNSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER (Month) 7 (Day) 1851 (Year)

8. AGE: Years 91 Months 5 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) DENMARK 4 (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER
12. Name JOHNSON
13. Birthplace (City, town, or county) DENMARK 4 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) DENMARK 4 (State or foreign country)
16. (a) Informant Mrs Dora Rath
(b) Address 5853 Minerva av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19-1943 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY
18. (a) Signature of funeral director E. J. Schnur.
(b) Address 3125 Lafayette Av.
19. (a) MAY 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from April 1, 1943, to May 16, 1943 that I last saw him alive on May 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	
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 C C Emerson (M. D. or other)
Address 3870 Easton Date signed

(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 Jos B Vollmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette Ave.

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.