S. No. 2
M—5-42
5-17-39

FILED JUL 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19731
5813

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

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8405 Minnesota Avenue
(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:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8405 Minnesota Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Jay Johnson
3. (b) If veteran, name war
3. (c) Social Security No. 491-14-5761

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Johnson
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April (Month) 13 (Day) 187~~1870~~ (Year)

8. AGE: Years 72 ~~73~~ Months 2 Days 10 If less than one day hr. min.

9. Birthplace Galva, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Stationary Engineer
12. Name Oaf P. Johnson (FATHER)
13. Birthplace Xxxxxxxx (City, town, or county) Sweden (State or foreign country)
14. Maiden name Anna Erickson (MOTHER)
15. Birthplace (City, town, or county) Sweden (State or foreign country)
16. (a) Informant Mrs. Mary Johnson, wife
(b) Address 8405 Minnesota Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 26, 1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Park Lawn Cemetery
18. (a) Signature of funeral director C. Hoffmeister & Co.
(b) Address 7814 South Broadway
19. (a) JUN 25 1943 (Date received local Registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 11:30 minute 10 A. M.
21. I hereby certify that I attended the deceased from Feb. 2 19 43, to June 23 19; that I last saw him alive on 6-22-43 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Due to Urinary Retention	3 days
Due to Ca of prostate	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

51

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 Louis F. Curlings (M. D. or other) Date signed 6/25/43
Address 748 Lemay Ferry Rd Lemay, Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. D. Crecelius,
748 Lemay Ferry Rd.
Lo.2224----Hrs. 12-2 A.M.
7-8:30 P.M.

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeist

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.