

FILED JUN 25 1943 317

Registration District No.

Primary Registration District No.

6076

Registrar's No.

1419

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(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 Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9
(d) Street No. Orpheum Hotel, 821 Chestnut
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME GEORGE H. JOHNSON

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. 499-03-0580

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

6. (b) Name of husband or wife Geraldine 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 21, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 25 hr. min.

9. Birthplace San Francisco, California
(City, town, or county) (State or foreign country)

10. Usual occupation Actor

11. Industry or business Stage

MOTHER FATHER { 12. Name Fred JOHNSON
13. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Mary BURKE
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Cl. Clerk, Vet. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof 6/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director WACKER-HELLERLE UHTKG
(b) Address 3634 Gravois Ave., St. Louis, Mo.

19. (a) JUN 19 1943 (b) C. J. McDevore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 5:50 minute P.M.

21. I hereby certify that I attended the deceased from June 12
1943, to June 16, 1943;
that I last saw him alive on June 16, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE, ANGINAL SYNDROME AND MYOCARDIAL INSUFFICIENCY.

Other Conditions: Nephritis, chronic with nitrogen retention. Arteriosclerosis, generalized.
Other conditions: (Include pregnancy within 3 months of death)

Major findings: No operations.

Of autopsy None 1310

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO.
(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?

23. Signature [Signature] (Specify type of place) (e) Means of injury
Address Chief Medical Officer (M. D. or other) Date signed 6/16/43

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

196000

Duration
Unknown
Unknown
PHYSICIAN
Underline the cause to which death should be charged statistically.

CO

CO

Veterans Administration Fac., Jeff. Brks., Mo.

AUG 18 1978

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.

• 37

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2178

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.