No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35725

State File No.

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2364

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7082 Oakland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7082 Oakland Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Roscoe Palmer Johnson

3. (b) If veteran, name war

3. (c) Social Security No. 702-12-4436

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred Jarver Johnson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June (Month) 16th (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	2	9 hr. 30 min.

9. Birthplace Olney, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Scullin Steel Company.

FATHER
12. Name George Palmer Johnson
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rosa M. Gladish
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mildred Johnson
(b) Address 7082 Oakland Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Watson-Bocklage
(b) Address 6536 Clayton Rd.

19. (a) OCT 22 1943 (Date received local registrar) (b) C. L. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 28, 1943, 19, to Oct. 19, 1943
that I last saw him alive on Oct. 18, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial degeneration	chronic
Due to: Arterio-sclerosis	chronic
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 Dwight L. Jennings (M. D. or other)
Address 4660 Maryland Date signed 10-20-43

(Licensed Embalmer's Statement on Reverse Side)

245
8/23

707

DEC 3 1948

OCT 29 1948

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 Albert H. Hopper

Licensed Embalmer No. 1861

P. O. Address .....

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.