S. No. 2
DM—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40049

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11020

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:
Luthern Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 9 16
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4202 Humphrey St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John P. Johnson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Francis Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 27 (Day) 1884 (Year)

8. AGE: Years 59 Months 10 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Guard
11. Industry or business Guarantee Service Co.
FATHER 12. Name Edward Johnson
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Susan Martin
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Emma Johnson
(b) Address 4202 Humphrey St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Church Yard
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) DEC 13 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1943 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from Nov 26, 1943, 19..., to Dec. 12, 1943; that I last saw him alive on Dec 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1. Coronary Thrombosis
Due to Chr. Myocarditis + Hypertrophy
Due to Chr. Bronchitis
Due to Hypertension
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 0
23. Signature A. F. Plag (M. D. or other)
Address 3150 Morganford Rd. Date signed 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

3150 Morgan St.
10 30 a. 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.