

FILED JAN 3 1944

818

Registration District No. _____ Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **12-18-43-12-19-43**
(Specify whether _____)
In this community **Missouri**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **ST. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4543 Red Bud Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert Leland Johnson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **Nov 5 1925**
(Month) (Day) (Year)

8. AGE: Years **18** Months **1** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Detroit Mich**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student - Beaumont High School**

11. Industry or business _____
12. Name **Ernest D Johnson**

13. Birthplace **Enland** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Erna M Zwifel**
15. Birthplace **Wiscousen**
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Becktame**
(b) Address **5600 Arsenal**

17. (a) Burial **Burial** (b) Date thereof **12/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Detroit, Michigan**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **DEC 20 1943** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19**
year **1943** hour **8** minute **40** A.M.

21. I hereby certify that I attended the deceased from **12-18-43**
1943 to **12-19**, 19 **43**
that I last saw **im** alive on **12-19-43**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Meningococcus meningitis 6d

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Francis M. Love** (M. D. or other)
Isolation Hosp Date signed **12/19/43**

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

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.