DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 818 Primary Registration District No. 1005

State File No. 500

Registrar's No. 165

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

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:
En Route to City Hospital #1 3
(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: 000

(a) State Missouri (b) County 12 25

(c) City or town St.Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 114 A.N.Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Johnson

3. (b) If veteran, name war ******

3. (c) Social Security No. *******

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Unknown 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 80 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas F. Callaman
(b) Address Coroners Office

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation FondDu Lac Wisconsin

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JAN 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day January year 1944 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to W.M.A. 93

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature Thomas F. Callaman (M.D. or other)
Address Deputy Coroner Date signed 1-7-43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Swan

Licensed Embalmer No. 7245

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.