

FILED JAN 12 1944
Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 43

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hilda Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb 2 1847
(Month) (Day) (Year)

8. AGE: Years 96 Months 10 Days 29 If less than one day
hr. _____ min. _____

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

10. Usual occupation None-retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Norway
(City, town, or county) (State or foreign country)

14. Maiden name Karen Brekka

15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Johnson
(b) Address 20 Frederick Lane, Glendale

17. (a) Burial (b) Date thereof 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W Arbonne Dr Kirkwood, Mo

19. (a) JAN 3 1944 (b) J. T. Bredeck
(Date received final registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 20 Frederick Lane
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1944 hour 10:30 minute _____ M. AM

21. I hereby certify that I attended the deceased from Dec 20th 1943 to Jan 1 1944
that I last saw her alive on Jan 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to influenza

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 W. Alexander Smith M. D. or other) _____
Address West St. Louis Date signed 1-19-44

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..... *Vare M. Szewors*

Licensed Embalmer No. *4343*

P. O. Address *7415 20th St. Maplewood 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.