S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4340 /

FILED FEB 14 1944

Registration District No. 3 7 — Primary Registration District No. 2002 — Registrar's No. 302

96
3
5

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

1. PLACE OF DEATH:

(a) County ~~University City~~ St. Louis

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

(c) Name of hospital or institution: 7724 Ahern Ave / University City (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:

(a) State Missouri (b) County ~~Univ. City~~ St. Louis 96

(c) City or town ✓ (If outside city or town limits, write "RURAL") 3

(d) Street No. 7724 Ahern - University City (If rural, give location) 5

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

If yes, name country 0

3. (a) PRINT FULL NAME Dr. Albert F. Johnson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Mrs. Anette Johnson

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

7. Birth date of deceased May (Month) 27 (Day) 1877 (Year)

8. AGE: Years 66 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Rock Island (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Andrew F. Johnson
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Johanna Johnson
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs. Anette Johnson

(b) Address 7724 Ahern- University City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Wm. J. Robert L.&U. Co.

(b) Address 1905 South Grand, St. Louis

19. (a) FEB 7 - 1944 (Date received local registrar) (b) E. G. McGattran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1944 hour 2 minute 20 A M.

21. I hereby certify that I attended the deceased from Sept. 23, 1943 to Feb 3, 1944 that I last saw him alive on Feb 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Caecum with metastesis to liver	1943
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Caecum & liver Sept. 1943.

Of autopsy 46 [illegible]

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) no

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury None

23. Signature R. V. Pourie (M. D. ~~[illegible]~~)

Address 3720 Washington Date signed 2-3-44.

(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 Howard D. Rowland

Licensed Embalmer No. 3114

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.