S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26343

FILED AUG 21 1944

Registration District No. 618 — Primary Registration District No. 1003 — Registrar's No. 7002

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: 4139a Blaine Ave
(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 40 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4139a Blaine Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John W Johnson
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May (Month) 10 (Day) 1876 (Year)

8. AGE: Years 68 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Palaska County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Frisco Railroad

FATHER
12. Name Wilson Johnson
13. Birthplace Palaska County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Skaggs
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lula Johnson
(b) Address 4139a Blaine Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 11 (Day) 44 (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) AUG 10 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1944 hour 2.30 AM minute M.
21. I hereby certify that I attended the deceased from Sept 8, 1943 to Aug 9, 1944, that I last saw him alive on Aug 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation — Duration 6 hrs
Due to: V.D.C.C. - Mitral Stenosis — 1 year
Due to: Valvular Disease-Chronic Condition
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

23. Signature [signature] (M. D. or other) M.D.
Address 605 N. Grand Blvd Date signed 8/9/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Milo Heidman
12.30 To 2.30
MET BLDG

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 Richard W. Storesand

Licensed Embalmer No. 4007

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.