

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Infant Male Johnson
3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex Male Male 5. Color or race White White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 4, 1944 (Month) (Day) (Year)

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

9. Birthplace Saint Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business

MOTHER FATHER { 12. Name Lawrence Johnson
13. Birthplace Minneapolis Minnesota (City, town, or county) (State or foreign country)
14. Maiden name Bonnie Roepke
15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Saint Louis Maternity
(b) Address 630 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 31 1944 (Day) (Year)

(c) Place: burial Anatomical Board
18. (a) Signature of funeral director W. Richter

(b) Address Washington 3500 Regen
19. (a) 1944 (Date received local registration) (Registrar's signature) (b) Address 337 N. Sealed

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mo
(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")
(d) Street No. 5718 N. Kingshighway (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 8th year 1944 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from August 4th 1944 to August 8 1944 that I last saw him alive on August 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J.C. Jandar (M. D. or other) Date signed 8/11/44

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

4892

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.....

Licensed Embalmer No.....

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.