

FILED OCT 13 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days 0
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
(c) City or town St. Louis 173
(If outside city or town limits, write "RURAL")
(d) Street No. 6811 Bleek Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT - Henry A. Johnson
FULL NAME

3. (b) If veteran, no name war _____
3. (c) Social Security 494-09-5340
No. _____

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 51 1879 years
7. Birth date of deceased Oct. 27
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Steam Crane operator
Scullin Steel Co.

11. Industry or business _____

12. Name Hiram Johnson
13. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louise Alberts
15. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Johnson
6811 Bleek Ave.
(b) Address _____

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 W. Chesapeake Ave

19. (a) SEP 28 1944 (Date received local registrar)
(b) G. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1944 hour 5:45 AM minute _____ 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 1st 2nd 3rd degree burns of back. Head neck and arms & legs when the steam cranes was operating in the yard at Scullin Steel Co. 6800 Manchester Ave. Mo., turned over causing this steam pipes to break about 11:45 AM Sept. 25 1944

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept. 28 1944
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
While at work? Yes (Specify type of place) (e) Means of injury subm

23. Signature Jay B. Smith (St. D. or other)
Address 1300 Clark Date signed 9-28-44

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3554

P. O. Address 7456 Manchester

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.