

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County
(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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community 50 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5469 Partridge
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Isaac Johnson
(b) If veteran, name war. None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Emily Johnson
(c) Age of husband or wife if alive 19 years
7. Birth date of deceased June 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 1 hr. min.

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

10. Usual occupation Retired coal dealer

11. Industry or business Self

12. Name Richard Johnson

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

14. Maiden name Carolyn Lowe

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

16. (a) Informant Miss Ruth E. Johnson

(b) Address 5469 Partridge Ave.

17. (a) ~~Burial~~ (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill, Bellevue

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) NOV 21 1944 (Date received local registrar)
J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1944 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from 11/18/44
to Nov. 20th, 1944
that I last saw him alive on Nov. 20th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

23. Signature Herbert C. Gutz (M. D. or other)

Address 1515 Lafayette Date signed 11/20/44

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

MOTHER FATHER

can
17
79

Duration

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin L. Kemper
Licensed Embalmer No. 4052
P. O. Address 4005 Lexington

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.