

FILED FEB 13 1945

Registration District No. 277

Primary Registration District No. 3068

Registrar's No. 2944

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7904 Loraine Ave.  
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7904 Loraine Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emily Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Sept 4, 1865 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 4, 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 25 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Louis Wildt  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Dantesica  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Coerver  
(b) Address 7904 Loraine Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Jan. 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel Of Mem.

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

19. (a) FEB 1 1945 (b) E. J. Malvern  
(Date received local health) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1945 hour 1:20 P M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1/18/45  
\_\_\_\_\_ 19. to 1/29/45 \_\_\_\_\_ 19. ;  
that I last saw her alive on 1/27/45 \_\_\_\_\_ 19. ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Right Cerebral Hemorrhage Duration 12 da.  
Due to Chronic Endocarditis Syp.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 920

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
Signature E. J. Malvern (M. D. or other) MD.  
Address 7904 Loraine Ave. Date signed 1/30/45

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

2056

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**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. 3454

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.**