. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7865

FILED MAR 16 1945 318

Registration District No. 2 Primary Registration District No. 1003

State File No.

Registrar's No. 2117

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: St Johns Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4750 Northland
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES MARTIN JOHNSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. 494-01-0239

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy Johnson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. (Month) 15 (Day) 1872 (Year)

8. AGE: Years 72 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired Conductor

11. Industry or business Street Railway

FATHER
12. Name John Johnson
13. Birthplace (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Lucy Johnson
(b) Address 4750 Northland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Provost Und Co.
(b) Address 3710 N Grand Blvd.

19. (a) MAR 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1/25, 1945 to 3/4, 1945
that I last saw him alive on 3/4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to

Due to 131

Other conditions Chr. Nephritis
(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 Leo Bartel (M. D. or other)
Address 313 N. 9th Date signed 3/5/45

(Licensed Embalmer's Statement on Reverse Side)

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. Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.