

#1095
FILED MAY 3 1945
Registration District No. 818

Primary Registration District No. 1008
Registrar's No. 3518

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

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1834 Kennet Pl.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anne Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 4/14/45 19... to 4/20/45 19...
that I last saw her alive on 4/20/45 19...
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: July (Month) 24 (Day) 1890 (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

8. AGE:	Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>26</u>		hr. _____ min. _____

Due to Hypertension

Due to AS

Other conditions Rheumatic heart disease
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: dis ease

Of operations _____

Of autopsy Same

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

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Hedrich

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

14. Maiden name unknown

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

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? _____

16. (a) Informant AKVINA TAKACH

(b) Address 4002 Botanical

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4, 23, 45.
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature E. W. Laughlin (M, D, or other) _____
Address 1515 Lafayette Date signed 4/20/45

18. (a) Signature of funeral director E. W. Laughlin

(b) Address 2301 Lafayette

19. (a) ADD 21 184 (b)
(Date received local registrar) (Registrar's signature)

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 L.R. Casper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.