S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18129

State File No. 1

Primary Registration District No. 3063

Registrar's No. 1074

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days 5-12 hrs (Specify whether
In this community Life-
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

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

(c) City or town Webster Groves 1
(If outside city or town limits, write "RURAL")

(d) Street No. 911 Cornell 0
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHNSON, Frank

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race C

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife Lottie Ray

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

7. Birth date of deceased 12 (Month) - 8 (Day) - 73 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	22	hr. min.

9. Birthplace Webster Groves (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Johnson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mariah ? 1
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pt. Frank Johnson

(b) Address 911 Cornell, Web. Gr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 4 (Day) 45 (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J.C. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) MAY 7 1945 (Date received local registrar) (b) E. G. McLaughlin, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month may day 1st year 1945 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 26, 1945, to May 1, 1945 that I last saw him alive on May 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 D. H. Timmel M.D. (M. D. or other)

Address 601 Brentwood, Clayton, Mo Date signed 5/1/45

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(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1945

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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.