V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22119

Registrar's No. 6561

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (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 20 MIN. (Specify whether

In this community 22 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ocu

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1703 So 8th Str. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Stonewall Johnson

3. (b) If veteran, name war NO

3. (c) Social Security No. 412-24-6535

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Estella Rich

6. (c) Age of husband or wife if ~~date~~ at death 59 years

7. Birth date of deceased Nov 22 (Month) 1878 (Day) (Year)

8. AGE 66 Years | Months 8 | Days 3 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Paper Bailer

11. Industry or business Woodward Tiernan Pty Co.

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

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

16. (a) Informant Andrew M. Johnson

(b) Address 1128 Rutger St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Henry L. Heidenmueller

(b) Address 6203 Gravois Ave.

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Decompressed fracture of skull, left side [illegible] the fell over the bannister while playing on rear porch at his home on July 24, 1945 about

Due to 6:30 PM

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

186 / 18

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) Accident

(b) Date of occurrence July 24 1945

(c) Where did injury occur? no (City or town) Tonto (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury As above

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 7/26/45

(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 John Ozunoski

Licensed Embalmer No. 3398

P. O. Address.....

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.