V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32020

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9528

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:
318 N 8th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 317
(If outside city or town limits, write "RURAL")
(d) Street No. 6105 Simpson Terrace 9
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 0
If yes, name country Wales England (Naturalized)

3. (a) PRINT FULL NAME William John Johns

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 12 (Month) 27 (Day) 1887 (Year)

8. AGE: Years 57 Months 10 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Proprietor
11. Industry or business Crescent Photo Co.,

FATHER
12. Name David Johns
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Sara Williams
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mary Johns
(b) Address 6105 Simpson Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove a Cemetery
C. HOFFMEISTER COLONIAL MORTUARY
18. (a) Signature of funeral director
(b) Address 6464 Chippewa, St. Louis, Mo.
19. (a) NOV 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
year 1945 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from April 1, 1945, to 11/1, 1945;
that I last saw him alive on 10/25, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Artery Embolism	Stat
Due to Coronary Art. Dis.	1 yr
Due to	
Other conditions (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 Victor L. Gould (M. D. or other) MD
Address 2813 9 Walton Date signed 11/2/45

(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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.