

7. S. No. 2
DOM-5-43
Rev. 5-17-39
X 36671

32022

State File No. _____

FILED NOV 2 1945
318

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **9092**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: Missouri-Pacific Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 3 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town _____
(If outside city or town limits, give location)

(d) Street No. 4864 Oldenburg
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES AL PHONSE JOHNSON

3. (b) If veteran, name war WWI

3. (c) Social Security No. ?

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased February 10 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>8</u>	<u>8</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business _____

MOTHER FATHER

12. Name Charles A. Johnson

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

14. Maiden name Mary E. McGill

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

16. (a) Informant Mary A. Johnson

(b) Address 4864 Oldenburg

17. (a) Burial (b) Date thereof Oct. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7314 S. Broadway

19. (a) OCT 22 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1945 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct. 15th
1945, to Oct. 18th 1945
that I last saw him alive on Oct. 18th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute yellow atrophy of the liver Duration

Due to _____

Due to _____

Other conditions Broncho pneumonia of left lung
(include pregnancy within 3 months of death)

Major findings: Taeniasis Cerebralis of living PHYSICIAN

Of operations _____

Of autopsy _____

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? _____

While at work? John Crave (Specify type of place) (e) Means of injury

23. Signature John Crave (M. D. or other)

Address 12552 Grand Date signed 10/19/45

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

29 43

St. Louis & me

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. Schickmacker
.....
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.