S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1945

State File No. 34633

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2512

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Meacham Park 0
(If outside city or town limits, write "RURAL")
(d) Street No. 222 New York Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHNSON, William

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Pearl Pentod

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

7. Birth date of deceased 12 (Month) 30 (Day) 62 (Year)

8. AGE: Years 83 Months 9 Days 27 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Chas. Johnson
13. Birthplace St. Chas. Co. Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melinda
15. Birthplace St. Chas. Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Johnson sister in
(b) Address 222 New York, Meacham Pk. law.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John W. Hemphill
(b) Address 408 S. Fillmore Ave. Kirkwood

19. (a) 11-1-45 (Date received local registrar) (b) E. G. McGanan M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1945 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from October 19, 1945, to October 27, 1945; that I last saw him alive on October 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy & dilatation

Due to Emphysema

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy hypertrophy & dilatation of heart — Hypertrophied prostate

Duration: years

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 0

23. Signature G. J. Murphy M.D. (M. D. or other)
Address 601 Brentwood Blvd Date signed 10-28-45

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2266

P. O. Address 2812 Tremont St

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.