

FILED JAN 31 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11196

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3-7 mo 11 da  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1415 Obear Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Juanita Mae Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 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 Sept. 8. 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 11 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Gilbert Johnson

13. Birthplace Lewis, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Howell

15. Birthplace Dowell, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Johnson

(b) Address 1415 Obear Ave.

17. (a) Removal (b) Date thereof 12/22.45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) DEC 21 1945 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1945, to Dec 19, 1945  
that I last saw hu alive on Dec 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Congenital Heart Disease Duration 3 mo. 11 days.

Due to.....

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?

While at work? (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) MD  
Address [Signature] Date signed 12-20-45

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

MOTHER FATHER

**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

*Frank A. Moore*

Licensed Embalmer No.

*3091*

P. O. Address

*2117 E. Grand*

**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.**