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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2994

FILED JAN 5 1946
Registration District No. 2/7

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community 50 years
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. 4115 Cozens Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHNSON, Arthur

3. (b) If veteran, name war World I.

3. (c) Social Security No. 499 01 0557

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Elizabeth Johnson

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 19 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>54</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____
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9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business ---

MOTHER FATHER { 12. Name Arthur Johnson

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

14. Maiden name Thomas

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) 1-3-46 (b) E. M. Garand
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1945 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from December 26, 1945, to December 27, 1945;
that I last saw him alive on December 27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: HYPERTENSIVE & CORONARY ARTERIOSCLEROTIC HEART DISEASE, CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE, MYO-CARDIAL INSUFFICIENCY. Duration Unknown

Due to ---

Other conditions: ---
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations _____

Of autopsy: No 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) No.

(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? Harvey E. Bisk (Specify time of place) (Date of injury)

23. Signature HARVEY E. BISK Major, (M. D. or other) M.C.
Acting Clinical Director.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/27/45

STATEMENT BY LICENSED EMBALMER

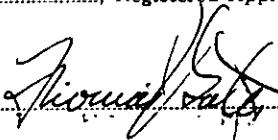
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.