

FILED FEB 7 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

840

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: 5906 McPherson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Henry A. Johann

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Mary Garland, Dec. 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Feb. 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired Mfg'r Agent

11. Industry or business

MOTHER FATHER
12. Name Jacob Johann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Menny Penny
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Alice Johann Maack
(b) Address 116 E. Swon, Webster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar, St. Louis, Mo.

19. (a) JAN 25 1946 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")
(d) Street No. 5906 McPherson 0
(If rural, give location) 10
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1946 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1931, 1946, to Jan. 24, 1946;
that I last saw him alive on Jan. 24, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Infarction Duration Sudden

Due to Coronary Arteriosclerosis 15 yrs.

Due to General Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94 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? (Specify type of place) (e) Means of injury 0

23. Signature Hiram L. Inge (M. D. or other) MD
Address 3720 Washington Date signed 1/25/46

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

2657

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.....*Thomas R Fenwick*.....

Licensed Embalmer No.....*3793*.....

P. O. Address.....*St Louis Mo*.....

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.