

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 13 1948

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1217 Gratton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Edgar Elvis Johnson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ollie

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 25, 1883
(Month) (Day) (Year)

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

62 1 13 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name E. R. Johnson

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

14. Maiden name Rebecca Lovd

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

16. (a) Informant Charles Johnson

(b) Address 1217 Gratton

17. (a) Burial (b) Date thereof 1-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redford, Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 31 1948 (b) J. F. Proctor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds

(c) City or town Redford
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

90
0
NR
1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1946 hour 1.53 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 15th
45 to Jan. 29th, 1946.

that I last saw him alive on January 28th, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 wk.

Malignant Brain Tumor

Due to Spongio Blastomo Multimorme Several months

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: As stated above

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 _____

23. Signature J. F. Proctor (M. D. or other) _____
Address 607 Reynolds Date signed _____

FEB 27 1946

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 Elmer R. Sadwell
Licensed Embalmer No. 4077
P. O. Address.....

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.