

FILED FEB 1 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 693

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:  
Enroute to City Hospital, Max C. Starkloff  
(If not in hospital or institution, write street number or location) Mem.  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ 45 years \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME HAROLD W. JOHNSON

3. (b) If veteran, name war World War #1 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Erma 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 28, 1896  
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rock Island Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business \_\_\_\_\_

12. Name Herman Johnson

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

14. Maiden name Unknown

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

16. (a) Informant Erma Lewis

(b) Address 7609 So. Bdwy.

17. (a) Burial (b) Date thereof 1-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JAN 22 1946 (b) J. B. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317  
(d) Street No. 1709 So. 11th Street (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1946 hour 11:55 minute 9:00 A.M.

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

Immediate cause of death Chronic myocarditis  
Pulmonary Congestion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 93

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 John E. Dyer (M. D. or other) 3  
Address \_\_\_\_\_ Date signed 1/20/46

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

28146

30

869

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**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..... *C. W. Cooper* .....

Licensed Embalmer No. *3830* .....

P. O. Address *2317 Lafayette Ave* .....

**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.**