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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11282

Registrar's No. 2256

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

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

(d) Street No.: 9116-Shelley Ave (If rural, give location) NR-13

Memorial

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

If yes, name country:

3. (a) PRINT FULL NAME: GEORGE JOHNSON

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Alene

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Nov (Month) 25 (Day) 1904 (Year)

8. AGE: Years 41 Months 3 Days 8 If less than one day hr. min.

9. Birthplace: Chicago (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Chemist

11. Industry or business: U.S.Food-Drug Adm.

FATHER
12. Name: Robert Johnson
13. Birthplace: Sweden (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Gerda Johnson
15. Birthplace: Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant: Alene Johnson

(b) Address: 9116-Shelley Ave-Overland, Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 3-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory

18. (a) Signature of funeral director: Baumann Bros Inc

(b) Address: 2504-Woodson Rd Overland, Mo.

19. (a) MAR 8 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1946 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from 2/25/46, 19..., to 3/5/46, 19...; that I last saw him alive on 3/5/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumococcic Meningitis — Duration 7 days

Due to:

Due to:

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

Major findings: Of operation: Plastic exudate over base & vertex of brain

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? (Specify type of place)

While at work? (Specify) Means of injury: 0

23. Signature: Jackson Gto M D

Address: 1515 Lafayette (Number and street) (City or town) (County) (State) Date signed 3/6/46

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.