

FILED APR 12 1948
318

State File No. _____
Registrar's No. **2996**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(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:
4270 Miami St /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4270 Miami St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George W. Johnson**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **493 10 8268**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **29**
year **1946** hour **2** minute **00** P. M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma M** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **March 28 1880**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
66 0 1 hr. _____ min.

Immediate cause of death _____

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Mech**

Due to _____
Due to _____

11. Industry or business **Publ**ic** Service**

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

MOTHER FATHER

12. Name **Wm. T. Johnson**
13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Unknown**
15. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Emma Johnson**
(b) Address **4270 Miami St**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4 1 46**
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **New St. Marcus Cemetery**
18. (a) Signature of funeral director **Kriegshauer**
(b) Address **4228 So. Kingshighway**
19. (a) **MAR 30 1948** (b) **J. F. Knicker**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury **3**
23. Signature **J. F. Knicker** (M.D. or other) _____
Address _____ Date signed **3/30/48**

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

10195

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 Colvin D McDemott

Licensed Embalmer No. 3024

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.