

No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18054

State File No. _____
Registrar's No. 1194

Registration District No. 317 Primary Registration District No. 6076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16933

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(c) Name of hospital or institution:
6212 Flint Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 22 Yrs.
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. 6212 Flint Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Curtis L. Johnson
3. (b) If veteran, name war No
3. (c) Social Security No. 498-09-6398

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28th
year 1946 hour 9:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Johnson
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 18, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 18 March 1946 to 28 May 1946
that I last saw him alive on 23 May 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 0 10 hr. min.

Immediate cause of death apoplexy of 3rd
Due to Hypertension and atherosclerosis
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Retired - Carpenter

11. Industry or business _____
12. Name Edward Johnson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ella Johnston
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Minnie Johnson
(b) Address 6212 Flint Ave.
17. (a) Burial (b) Date thereof May 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

23. Signature Calvin F. Feutz (M. D. embaler)
Address 1502 Can. St. St. Louis Mo. Date signed 29 May 1946
While at work _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Calvin F. Feutz, Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) 6-1-46 (b) E. J. McDevaney
(Date received local registrar) (Registrar's signature)

NOV 01 1946

1562
Cassidy

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..... *John A. Miller*
Licensed Embalmer No. *4186*
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.