

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

FILED JUL 12 1946

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.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda Hospital
(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. **509 N. Newstead Ave.**
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Roscoe B. Johnson**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Laura May Johnson** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **June 13 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 15 hr. min.

9. Birthplace **Versailles Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Broker**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Unknown** 9
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura May Johnson**

(b) Address **509 N. Newstead Ave.**

17. (a) **Burial** (b) Date thereof **7-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **JUL 1 1946** (b) **J. F. Bredeck**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1946** hour **11** minute **45** P. M.

21. I hereby certify that I attended the deceased from **June 23/46**
19..... to..... 19.....
that I last saw him alive on **June 28** 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary occlusion** Duration

Due to **Chronic myocarditis and decompensation**
Due to **Probetts Mellitus**

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

Major findings:
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) (c) Means of injury **0**
23. Signature **M. F. Mistachkin** (Name or other)
Address **4422 Washington** Date signed **7/1/46**

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..... *Albert A. Thompson*
..... Licensed Embalmer No. *4237*
..... P. O. Address..... *St. Louis*

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.