

S. No. 2
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 30 1946 STANDARD CERTIFICATE OF DEATH

24790

State File No.

Registration District No. 317

Primary Registration District No. 9066

Registrar's No. 1539

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
532 S. Harrison
(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 St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 532 S. Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Caroline Johnston

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Samueal 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Nov 20 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 17 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Roettger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Shaff
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) Burial (b) Date thereof 7-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood 22 Mo

19. (a) 7-22-46 (b) Ed McGowan
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 17
year 1946 hour _____ minute 4 P.M.

21. I hereby certify that I attended the deceased from 1925 to July 17 1946
that I last saw him alive on July 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic cardiac myocarditis, decompensation + chronic nephritis.

Due to 131b

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

Major findings: _____
Of operations _____

Of autopsy None

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 Walter S. Batty (M. D. certifier)
Address Webster & Brown Date signed 7-20-46

111 W. Forward
WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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

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..... *Jan M. Szymura*

..... Licensed Embalmer No. *4343*

..... P. O. Address *2415 Zephyr Pl
Maplewood, N.J.*

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.