S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25397

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6093

**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: Missouri Baptist 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 30 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4231 Athlone Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ETHEL M. JOHNSON

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 divorce

6. (b) Name of husband or wife Earl E. Johnson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 8, 1892
(Month) (Day) (Year)

8. AGE: Years 54 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Vinton, Iowa (City, town, or county) Indiana (State or foreign country)

10. Usual occupation At home.

11. Industry or business --

FATHER
12. Name Charles H. Daniels
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Audrey E. Fish
(b) Address 4231 Athlone Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cremation

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 East Grand Blvd.

19. (a) JUL 10 1946 (Date received local registrar) J. F. Bresack (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8th
year 1946 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 6 1946 to July 8 1946
that I last saw her alive on July 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Followed a Ventral Herniorrhaphy .. Appendectomy 7-6-28

Due to

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

Duration 36 hours

Major findings:
Of operation Umbilical hernia
Sub acute appendicitis

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? (e) Means of injury

23. Signature John P. Hayward (M. D. or other)
Address Metropolitan Bldg. Date signed 7/10/46

(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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

**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.**