

FILED JAN 13 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11338

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:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter L. 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 Catherine Johnson 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 3-1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nightwatchman-Unemployed

11. Industry or business Taylor Fur Co.

12. Name Paul C Johnson

13. Birthplace Denmark
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Paulson

15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Johnson

(b) Address 5327 Geraldine

17. (a) BURIAL (b) Date thereof JAN. 2. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) JAN 2-47 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

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. 5327 Geraldine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30,
year 1946 hour 12 minute 10 A.M.

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.

Immediate cause of death Fracture of skull
Subarachnoid hemorrhage of brain
Fracture left leg when he was
struck by automobile driven
by Rev. Joseph G. O'Brien
170 feet below of the intersection
of Kingshighway and Voluntary
Highway through P.O. area
Other conditions _____
(Include pregnancy within 3 months of death)
7-9-1946

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____
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) Unavoidable
(b) Date of occurrence Dec 29 1946
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Streets

While at work? Yes (Specify type of place) (e) Means of injury as above

23. Signature Thomas F. Callan (M.D. or other) _____
Address Corona Date signed 1-2-47

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. Melina

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.