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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11046

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2799

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

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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: ST JOHNS HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WKS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

999

(a) State ILLINOIS (b) County WILLIAMSON
(c) City or town CAMBRIA
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM H JOHNS JR.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTY
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased NOV. (Month) 20 (Day) 1920 (Year)

8. AGE: Years 26 | Months 3 | Days 23. | If less than one day hr. min.

9. Birthplace CAMBRIA (City, town, or county) ILL. (State or foreign country)
10. Usual occupation COAL MINER
11. Industry or business MINING
FATHER 12. Name WILLIAM H JOHNS SR
13. Birthplace LEBANON (City, town, or county) TENN. (State or foreign country)
MOTHER 14. Maiden name BERTHA TINA
15. Birthplace CAMBRIA (City, town, or county) ILL. (State or foreign country)
16. (a) Informant MRS. BETTY JOHNS JR.
(b) Address CAMBRIA, ILL.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation CARTERVILLE, ILL.
18. (a) Signature of funeral director ROWLAND MORTUARY SR.
(b) Address 4355 WASHINGTON, AV.
19. (a) MAR 17 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13th year 1947 hour 11 minute 55 A. M.
21. I hereby certify that I attended the deceased from April 1945, to March 13, 1947; that I last saw him alive on March 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Glomerulo-nephritis	2 years
Due to: Nephrotic Stage - Stage	
Due to: —	
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? (Specify type of place)
While at work? (e) Means of injury H

23. Signature G. A. Munsch (M. D. or other)
Address 33 N. Meramec St. Clayton Mo. Date signed March 14 1947

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1941

2799

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.