No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15242

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3808

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. John's Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 099
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 6 17
(d) Street No.: 5332 Lotus Ave. (If rural, give location) 9 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anvil W. Johnson

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

4. Sex: male O
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Elizabeth M. Johnson
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: 5 (Month) 19 (Day) 1859 (Year)

8. AGE: Years 87 | Months 10 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace: Anaconda, (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: Streetcar Motorman
11. Industry or business: retired

FATHER
12. Name: Silas Johnson
13. Birthplace: (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name: Hettie Ann Kerr
15. Birthplace: (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant: Mrs. Elizabeth Johnson
(b) Address: 5332 Lotus Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) APR 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 1947 hour 2:15 minute P.M.
21. I hereby certify that I attended the deceased from 4-4, 1947, to 4-8, 1947 that I last saw him alive on 4-8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis Cerebral — Duration: 4 days
Due to: arteriosclerosis cerebral — years
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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) O
While at work?
(e) Means of injury:

23. Signature: John J. Hammond (M. D. or other) M.D.
Address: 634 N. Grand Date signed: 4/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4885-Natural Bridge

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.