

FILED MAY 8 1947

Registration District No. 377

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7904 Loraine Ave.,
(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 Missouri (b) County ST. LOUIS, CO.

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7904 Loraine
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Arthur 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 Clara Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4, 1887
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attorney

11. Industry or business _____

12. Name John A. Johnson

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

14. Maiden name Emily Wild

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

16. (a) Informant Clara Johnson

(b) Address 7904 Loraine

17. (a) Cremation (b) Date thereof 4/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 4-20-47 (b) Cecil R. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 3.15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4/15/47 to 4/22/47
that I last saw him alive on 4/22/47 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis pneumonia
Due to lung infection

Due to _____
Other conditions Myocardial infarction
(Include pregnancy within 3 months of death)

Major findings: 13c
Of operations _____
Of autopsy _____

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 D

23. Signature E. B. Fennell (M. D. or other) M.D.
Address 4234 Manchester Date signed 4/22/47

Duration 7 days
15 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

1949
MAY 4

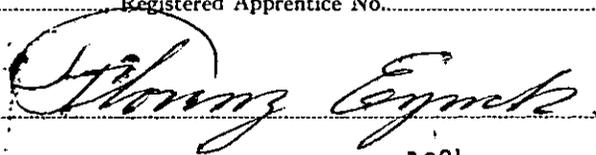
MAY 25 1949

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.....



Licensed Embalmer No..... 1284.....

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.