

S. No. 2
M-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18990**
Registrar's No. **5250**

FILED JUN 5 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community _____

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. 4316a North Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME James Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Drusellia Johnson

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

7. Birth date of deceased August 16, 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th, year 1947 hour 11:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from now, 1946 to May 25, 1947
that I last saw him alive on May 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|---|----------------------|
| 70 | 9 | 9 | hr. _____ min. _____ |
|----|---|---|----------------------|

Due to Carcinoma of Throat 2 yr
Primary site - Throat

Due to _____

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

9: Birthplace Unknown Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business St. Louis Car Co.

12. Name Thomas Johnson

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

14. Maiden name Gertrude Ruppe

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Lydia May Weitkamp

(b) Address 4316a North Broadway

17. (a) Burial (b) Date thereof 5/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son,

(b) Address 2161 East Fair Ave

19. (a) MAY 27 1947 (b) J. F. Brebeck
(Date received local registrar's certificate) (Registrar's signature)

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 _____

23. Signature W. A. Knight (M. D. or other) _____

Address 8201 N. Broadway Date signed 5/26/47

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..... *W. Gordon Burnley*.....
Licensed Embalmer No. *43920*.....
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.