S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 1 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22368

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6260

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: 3635 Bellerive Blvd. (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 Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3635 Bellerive Blvd. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SELMA JOHNSON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Herman Johnson

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

7. Birth date of deceased August (Month) 1 (Day) 1874 (Year)

8. AGE: Years 72 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Morko (City, town, or county) Sweden (State or foreign country) 4

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Gustav Erickson
13. Birthplace (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Sweden (State or foreign country) 4

16. (a) Informant Nancy Johnson
(b) Address 3635 Bellerive Blvd,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway

19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 6:00 minute A M

21. I hereby certify that I attended the deceased from 6/29/47 19 to 6/30 1947 that I last saw her alive on 6/29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage left Hemiplegia — Duration 1 Day

Due to Hypertension

Due to Chr Myocarditis Chr Arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 93

Of autopsy

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)

(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

23. Signature George T. Mehan MD (M. D. or other)

Address 3903 Olive Date signed 6/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Edwin A. M. Dermott.....

Licensed Embalmer No.....3034.....

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.