S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26256

Registration District No. FILED JUL 23/1947

Primary Registration District No. 3063

Registrar's No. 1508

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min (Specify whether
In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Bridgeton
(If outside city or town limits, write "RURAL")
(d) Street No. #1 St. Rita Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clyde 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 13 (Day) 1889 (Year)

8. AGE: Years 57 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Urbana (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Cinemaker
11. Industry or business Brass Foundry
FATHER
12. Name Charles Johnson
13. Birthplace London (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Jennie McIntyre
15. Birthplace Urbana (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Ruby Morris
(b) Address #1 St. Rita Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Ortmann Fun Ho.
(b) Address 9222 Hagelard Ave
19. (a) 3-15-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 11, 1947 to July 11, 1947 that I last saw him alive on July 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	10 min
Due to Hemorrhage 53	1 hr.
Due to Erosion of blood vessel by tumor	1 hr.
Other conditions (Include pregnancy within 3 months of death) Squamous Cell Carcinoma skin leg & regional metastasis	10 yrs due

Major findings: Of operations As above
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) —
(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 Arthur E. Weigel (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed

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

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

MAR 21 1951

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 Al C. Ortmann

Licensed Embalmer No. 3478

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.