S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35902

State File No. .....

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9761

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: 1383 Temple Place (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 .....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1383 Temple Place (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME S. Clarence Johnson
3. (b) If veteran, name war .....
3. (c) Social Security No. 494-09-5927A

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leonora Johnson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May (Month) 26 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	24	....hr. ....min.

9. Birthplace Vienna (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Vice-President
11. Industry or business Mutual Bank & Trust Co.
FATHER
12. Name Monroe Johnson
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Naomi Fleming
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Leonora Johnson
(b) Address 1383 Temple Place
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1947 hour 2:15 minute P.M.
21. I hereby certify that I attended the deceased from July 15th, 1945 to Oct 20th, 1947 that I last saw him alive on Oct 20th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) arteriosclerosis	

Major findings:
Of operations .....
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 Rush Turner (M. D. ~~or other~~)
Address 1251 Blackstone Date signed Oct 21-1947

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

Page & Blackstone

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.