

S. No. 2  
1-1/47  
5-17-39

36653/

FILED OCT 29 1947  
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Manchester  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MANCHESTER NURSING HOME AND SANATORIUM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days  
(Specify whether years, months or days)

In this community: 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 50

(c) City or town: Festus  
(If outside city or town limits, write "RURAL.")

(d) Street No.: Rural  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Christ Johnson

3. (b) If veteran, name war: No

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 23  
year: 1947 hour: 5 minute: P M.

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: MARCH 23 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 20 to Oct 23 1947  
that I last saw him alive on Oct 23 1947  
and that death occurred on the date and hour stated above. 47  
Duration

Immediate cause of death: Bronchial pneumonia 2 days

8. AGE: Years: 55 Months: 7 Days: 0  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: Chr. myocarditis

Due to: 20%

9. Birthplace: Desoto MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: Automobile Mechanic

Other conditions: Probable C.A.S. lues.  
(Include pregnancy within 3 months of death)

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: HIRAM Johnson

13. Birthplace: Hillsboro MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name: Louise Alberta

15. Birthplace: Hillsboro MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant: HERMAN Johnson  
(b) Address: Desoto, Missouri

17. (a) BURIAL (b) Date thereof: Oct. 25 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Festus, Mo.

18. (a) Signature of funeral director: Vinyard Funeral Home  
(b) Address: Festus, Mo.

19. (a) 10-27-47 (b) Christ Johnson  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsies: \_\_\_\_\_

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: Creve Coeur (M. D. or other) MD  
Address: Creve Coeur, Mo. Date signed: 10-25-47

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

760

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 *No Embalmer*.....

Licensed Embalmer No.....

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.