S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43166

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11439

WRITE PLAINLY—USING 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: Depaul Hospital
(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 ono

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

(d) Street No. 1520 N 19th Str. 9
26 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Virgina K Johansen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 25 (Day) 1947 (Year)

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Kenneth Johansen
13. Birthplace Lone Tree Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Genevieve Pliszka 0
15. Birthplace St Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Johansen
(b) Address 1520 N 19th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Central Und.
(b) Address 1841 Cass ave

19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1947 hour 10 minute 05 A M.

21. I hereby certify that I attended the deceased from birth, 19, to Dec 13, 1947
that I last saw her alive on Dec 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Diarrhea

Due to Hepatic insufficiency

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 114

Of autopsy

Duration

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jackson Etc (M. D. or other) MD
Address 734 Mo Theatre Date signed 12/15/47

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 Ernest W. Spellar

Licensed Embalmer No. 4080

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.