No. 2
1/47
17-39

WRITE 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

State File No. 2680

FILED FEB 9 1948

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

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: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Bellefontaine Road @ #66
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kenneth C. 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 March (Month) 12 (Day) 1941 (Year)

8. AGE: Years 6 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Chester Ills (City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

MOTHER FATHER

12. Name Archie Johnson

13. Birthplace Ste Genevieve (City, town, or county) (State or foreign country)

14. Maiden name Josephine Keeton

15. Birthplace Granite City Ills (City, town, or county) (State or foreign country)

16. (a) Informant Archie Johnson

(b) Address Bellefontaine Road @ #66

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bresnack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral hemorrhage
Brooding left Jennings
When he was from behind a
parked car into the side of a
Plant mobile driven by Frank W.
Wieland in town of Ladue RR #4
Gardenstage St Louis County
Mo. Injured 3:15 P.M. Jan 21, 1948

Other conditions (Include pregnancy within 3 months of death)

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 Accident 96

(b) Date of occurrence Jan 21 1948

(c) Where did injury occur? St Louis County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public street (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Patrick E. Taylor (M. D. or other) 3

Address Deputy Coroner Date signed 1-27-48

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.