No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 23 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3339

Primary Registration District No. 3066

Registrar's No. 94

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 740 E. Argonne Dr.
(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: St. Louis
(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No.: 740 E. Argonne Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Walter Loraine Johnson
3. (b) If veteran, name war .....
3. (c) Social Security No. 329-07-3725

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice H.
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: December (Month) 22 (Day) 1873 (Year)

8. AGE: Years 74 | Months 0 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Chicago, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Alice Johnson
(b) Address: 740 E. Argonne Dr. Kirkwood
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 1/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood
19. (a) 1-11-48 (Date received local registrar) (b) Carl A. Shapiro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1948 hour ..... minute ..... 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	
Cause unknown	
Due to	
Due to	
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) .....
(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: Carl A. Shapiro (M. D. or other)
Address: Commissioner of Health Date signed: 1-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1948
FEB 26 1948
JAN 2 1948

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 M

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.