FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6465

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2236

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96
(c) City or town Webster Groves Mo. (If outside city or town limits, write "RURAL") 7
(d) Street No. 428 Bacon (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) N.R. 1
If yes, name country

3. (a) PRINT FULL NAME LILLIAN HAWORTH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 20 (Day) 1892 (Year)

8. AGE: Years 55 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Omaha Neb. (City, town, or county) (State or foreign country)

10. Usual occupation Hwk

11. Industry or business

FATHER
12. Name Frank Johnson
13. Birthplace Sweden (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Sarah Carlson
15. Birthplace Sweden (City, town, or country) (State or foreign country)

16. (a) Informant Roger Haworth
(b) Address 428 Bacon Webster Groves Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Lawn Cem. Omaha Neb.

18. (a) Signature of funeral director Peck Funeral Home
(b) Address 3029 Lafayette

19. (a) MAR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1940 to 3-3 1948 that I last saw him alive on 3-3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Embolus to brain & left hemiplegia — Duration: 36 hours
Due to: Rheum. heart disease and auricular fibrillation — Duration: for years.
Due to:
Other conditions: None (Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

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) no
(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) 0
While at work? (e) Means of injury

23. Signature Julius Hammond (M. D. or other) M.D.
Address 633 N. Grand Date signed 3/4/48.

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

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

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 David Van Farsan

Licensed Embalmer No. 4247

P. O. Address 3029 Lafayette

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.