. 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 FEB-20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6547
1376

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: City Hospital 0
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2436a North Spring Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Johnson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 19th. (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Mr Cray Refrigerator Co.
FATHER
12. Name John Johnson 4
13. Birthplace Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Evertowski
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Anna Jasinski
(b) Address 2436a North Spring Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Adress of Funeral Dir. 2849 North Euclid Ave.
(b) Address Name Sullivan Funeral Directors
19. (a) FEB 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.
year 1948 hour 9 minute 55 A 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.

Immediate cause of death Chronic Myocarditis Interstitial Nephritis
Due to Brown Hemorrhage
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Robert Jefferson Taylor (M. D. or other)
Address City Date signed 2/10/48

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

Coroners Case

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.