S. No. 2
M—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 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6549

Registrar's No. 1669

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: MO BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS (Specify whether
In this community 55 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 343 HILLSIDE AVE. 1
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THEODORE JOHNSON
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SOPHIA JOHNSON
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased DEC. 13 (Month) — 1874 (Day) (Year)

8. AGE: Years 73 | Months 2 | Days 3 | If less than one day — hr. — min.

9. Birthplace MALMO (City, town, or county) SWEDEN (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business DRY GOODS
MOTHER FATHER
12. Name JOHN JOHNSON
13. Birthplace MALMO (City, town, or county) SWEDEN (State or foreign country)
14. Maiden name SOPHIA ANDERSON
15. Birthplace MALMO (City, town, or county) SWEDEN (State or foreign country)
16. (a) Informant Alfred L. Johnson
(b) Address 622 S. Berry Rd.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-19-194 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM
18. (a) Signature of funeral director Parker Bud Co
(b) Address WEBSTER GROVES MO
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1948 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 1946 to Feb. 16 1948
that I last saw him alive on Feb. 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Uremia	
(b) Pyelo-nephritis	
Due to Nephrolithiasis	
Due to	
Other conditions Bronchio-pneumonia	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pyelitis - Kidney stone
Bronchopneumonia

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 W. Alexander Scott M.D.
Address Webster Groves Date signed 2-18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1954

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.