No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10326

FILED MAR 23 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2482

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jeffingwell & Montgomery Sidewalk
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

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

(d) Street No. 3225 MONTGOMERY STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. JOHNSON

3. (b) If veteran, name war 1st WORLD 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 FEBRUARY 11th, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	1	0	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED PORTER

11. Industry or business

FATHER
12. Name HENRY JOHNSON
13. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE KNICKMEYER
15. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE E. JOHNSON
(b) Address 4578 W. PAPIN STREET

17. (a) BURIAL (b) Date thereof 3/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) MAR 12 1948 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11th
year 1948 hour 4 minute 38 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 Endocardial Change
Chronic Coronary heart disease
Due to Hypostatic Congestion of lungs

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

23. Signature Alfred Perry (M. D. or other)

Address Cupaby Corner Date signed 3/12/48

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

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 John A. Mlinar

Licensed Embalmer No. 4186

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.