FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 21524

Registrar's No. 1524

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community Non-Res
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Pacific, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME James A. Johnson

3. (b) If veteran, name war Wordwar #1

3. (c) Social Security No. 486-20-9423

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Augusta Althoff

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 5 - 21 - 1889 (Month) (Day) (Year)

8. AGE: Years 59 | Months | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Richland (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Emp. John C. Gross Const. Co.

FATHER
12. Name Samuel Johnson
13. Birthplace Richland, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marina Mitchell
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Wife, Augusta Althoff
(b) Address Pacific, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Jno. L. Thieker
(b) Address Pacific, Mo

19. (a) 6-21-48 (Date received local registrar) (b) Cecil J. Shaw (Registrar's signature) Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1948 hour 6 minute 40 a M.

21. I hereby certify that I attended the deceased from June 14 1948, 1948, to June 19th, 1948; that I last saw him alive on June 19th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basalar skull fracture	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 96

(b) Date of occurrence June 14, 1948

(c) Where did injury occur? Clayton (City or town) St. Louis (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)

While at work? (e) Means of injury fell off scaffold

23. Signature Wm. C. Critchlow (M. D. or other)
Address 601 S. Brentwood Blvd Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1949

MAR 8 1949

AUG 4 1949

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.