

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1948

UNITED STATES OF AMERICA STANDARD CERTIFICATE OF DEATH

State File No. 27864
Registrar's No. 7375

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County SAINT LOUIS
(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPITAL
(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

3. (a) PRINT FULL NAME

MYRTLE A. WIEGAND JOHNSON

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife WILLIS E. JOHNSON JR.
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased JULY 2 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 1 18 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name WILLIAM H. WIEGAND
13. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name CLARA E. VON DER AHE
15. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIS E. JOHNSON
(b) Address 7501 MILAN AVE.

17. (a) BURIAL (b) Date thereof AUG 23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS.

(b) Address 7233 DELMAR BLVD.

19. AUG 23 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SAINT LOUIS
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. # 7501 MILAN AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20th
year 1948 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 3-9-, 1948, to 8-20, 1948
that I last saw her alive on 8-20-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death METASTATIC
SARCOMA OF BRAIN Duration 2WKS

Due to GENERALIZED SARCOMATOSIS
VERY WIDE SPREAD

Due to METASTASIS FROM
A MELANOSARCOMA IN
PIGMENTED MOLE OF RT THIGH
Other conditions (Include date of death) REMOVED IN JAN 1948

Major findings: NO OPERATION EXCEPT
Of operations REMOVAL OF MOLE
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) _____
(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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature C. N. Grand (M. D. or other) M.D.
Address 729 N. GRAND Date signed 8-21-48

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

DR. J. R. SCHWARTZMAN
HUMBOLDT BLD'G
FR: 2119
1:00 P.M.

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..... *Clarence H. Murray*
Licensed Embalmer No. *4011*
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.