

No. 300  
-10-47  
5-17-39  
I 3906

#89107  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 7 1948 318  
Registration District No. \_\_\_\_\_

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27866  
7454  
Registrar's No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether \_\_\_\_\_)  
In this community 1 month  
(years, months or days)

3. (a) PRINT FULL NAME THOMAS JOHNSON  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Jennie  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased March 23, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 2 hr. min

9. Birthplace Quaker City, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister (retired)

11. Industry or business Gospel

MOTHER FATHER {  
12. Name Archibald Johnson  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Lowe  
15. Birthplace Quaker City, Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Daftna Ernst  
(b) Address 3516 Indiana Avenue

17. (a) burial (b) Date thereof 8/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 830 1/2 Lafayette Avenue

19. (a) AUG 28 1948 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3516 Indiana Avenue  
Memorial (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 25th  
year 1948 hour 6 minute 30 A M.  
21. I hereby certify that I attended the deceased from 8/29/48  
19\_\_\_\_, to Aug. 25th 19 48  
that I last saw im alive on Aug. 25th 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_  
of French  
missionary  
Due to \_\_\_\_\_  
Due to He  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Cerebral hemorrhage  
trans  
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?

(Specify type of place)  
While at work? James J. McLaughlin (e) Means of injury \_\_\_\_\_  
23. Signature James J. McLaughlin (M. D. or other) \_\_\_\_\_  
1515 Lafayette 8/25/48  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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**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..... *A. J. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *301 Lafayette*

**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.**