FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27867

Registrar's No. 7411

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 4424a Athlone Ave
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4424a Athlone Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Vera M. Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Wilbur J. Johnson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January (Month) 12 (Day) 1912 (Year)

8. AGE: Years 36 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Patrick Mahon

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Minnie Tannert

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Wilbur J Johnson

(b) Address 4424a Athlone Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge blvd

19. (a) AUG 24 1948 (Date received local registrar) (b) J. J. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 3 minute 12 A. M.

21. I hereby certify that I attended the deceased from July, 1948 to Aug 22, 1948
that I last saw h alive on Aug 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer breast	
Due to Lung	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Adeno carcinoma breast	
Of autopsy	

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 C H Devine (M. D. or other) M D

Address 2342 St Louis Date signed 8/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

2342-08 Hours cont
7 p.m. Monday

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.