

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 20 1948MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31135

State File No. 7888

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

## 1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town Franklin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2007 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)  
In this community 35 years

## 3. (a) PRINT FULL NAME

IRENE JOHNSON  
3. (b) If veteran, name was 7443 3. (c) Social Security No. 7443

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year)  
7. Birth date of deceased June 15 1889

8. AGE: Years 59 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Estelle Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Ed. Thrifts

12. Name Miss

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

14. Maiden name unknown

15. Birthplace Dorsey Eldridge (City, town, or county) (State or foreign country)

16. (a) Informant 2623 Bohdman

(b) Address 2623 Bohdman

17. (a) Burial (b) Date thereof 9-8-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director W. Robinson

(b) Address 2226 Dickson

19. (a) SEP 8 1948 (b) J. F. Budeck (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Franklin (If outside city or town limits, write "RURAL")  
(d) Street No. 2007 Franklin (If rural, give location)  
(e) Citizen or foreign country? 21 (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1948 hour 10 minute 38 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Capsuromy of right lung with metastasis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury 3

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed 9/8/48

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Ralph W. Henson*

Licensed Embalmer No. ....

*3791*

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.**