

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14665

Registrar's No. 3433

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3433	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived.—If institution: residence before admission).			
a. COUNTY				a. STATE Illinois		b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City of St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Granite City		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 2250 Iowa St. 8			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle)		c. (Last) Johnson	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 5		8. DATE OF BIRTH Dec. 22, 1874	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Furniture Store		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elijah Johnson		13b. MOTHER'S MAIDEN NAME Jane Whetstone		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 351-22-8938		17. INFORMANT'S SIGNATURE OR NAME Harry E. Johnson		ADDRESS 3522 N. 11 St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Oedema of Brain;</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Oedema of Lungs;</i> DUE TO (c) <i>Coronary Sclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 2:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Catharine E. Taylor</i> (Degree or title) <i>Car</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.14.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5		24b. DATE 4-13-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Madison Illinois	
DATE REC'D BY LOCAL REG. APR 14 1950		REGISTRAR'S SIGNATURE <i>J. B. Laster</i>		FUNERAL DIRECTOR'S SIGNATURE <i>John T. Laster</i>		ADDRESS Madison, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John J. Sedlacek  
Licensed Embalmer No. 3747  
P. O. Address Madison, Ill.

**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.