No. 300
10.48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43058
Registrar's No. 11373

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 2134 / 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 0
d. STREET ADDRESS (If rural, give location): 5511 SOUTHWEST

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): K.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): DEC. 21 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG. 18 1917
9. AGE (In years last birthday): 34
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: FRED S. JOHNSON
13b. MOTHER'S MAIDEN NAME: ETHEL EDEN
14. NAME OF ~~HUSBAND~~ OR WIFE: ROSE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: ROSE JOHNSON
ADDRESS: 5511 SOUTHWEST

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Coronary thrombosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
absence of one Kidney due to surgical removal — 8 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

5 92X

22. *I hereby certify that I attended the deceased from* 11-20, 1951, *to* 12-21, 1951, *that I last saw the deceased alive on* 12-21, 1951, *and that death occurred at* 7.30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. K. Frobel MD
23b. ADDRESS: 3604 Washington
23c. DATE SIGNED: 12-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC. 24 1951
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: DEC 24 1951
REGISTRAR'S SIGNATURE: J. Carl Smith, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis
ADDRESS: 2906 Gravois

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis,

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.

43058

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
~~County~~ CITY of ST. LOUIS }

State File No. App # 2449 V

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 11373

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death for FRED K. JOHNSON, died ~~born~~ DEC. 21, 1951, in the State of Missouri, and which was filed at ST. LOUIS MO on DEC. 21, 1951, should be corrected as follows:

Item No. 18 (b) should read acute coronary Thrombosis

Instead of ~~XXXXXXXXXXXX~~

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant A. K. Friskel MD (Physician)
Relationship.

3604 Washington
Present Address.

Subscribed and sworn to before me this 4 day of January, 1952

N. H. McManus Notary Public.

My Commission expires My Commission Expires December 13, 1954

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
P I X37817