S. No. 300
v. 10.48

FILED APR 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12555

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 8

037
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1. PLACE OF DEATH
a. COUNTY GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWENSVILLE
c. LENGTH OF STAY (in this place) 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 105 EAST FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWENSVILLE 0370
d. STREET ADDRESS (If rural, give location) 105 EAST FRANKLIN

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) L. c. (Last) JOHNSON

4. DATE OF DEATH (Month) MAR. (Day) 30 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH SEP. 7, 1891
9. AGE (In years last birthday) 60 — 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) SUPT. - BROWN
10b. KIND OF BUSINESS OR INDUSTRY SHOECO
11. BIRTHPLACE (State or foreign country) PORTAGE DES SIOUX, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME EDWARD L. JOHNSON
13b. MOTHER'S MAIDEN NAME MARGARET STEINER
14. NAME OF HUSBAND OR WIFE LEONA JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 487-01-4970
16. SOCIAL SECURITY NO. 487-01-4970 ~~UNKNOWN~~
17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONA JOHNSON 105 E. FRANKLIN

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) Atrophic Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 5 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cause Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5810
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?

22. *I hereby certify that I attended the deceased from* 11-12, 1951, *to* 3-30, 1952, *that I last saw the deceased alive on* 3-30, 1952, *and that death occurred at* 2:16 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Paul A. Brenner, M.D.
23b. ADDRESS Owensville, Mo.
23c. DATE SIGNED 3-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE APR. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. April 1, 1952
REGISTRAR'S SIGNATURE Dorothy Wallace 363
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. W. Kriegshauser KRIEGSHAUSER 4228 S. KINGSHIGHWAY ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1951

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 Edwin A. M. Dermott

Licensed Embalmer No. 3024

P. O. Address 4228 So. Kingshighway

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.