

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9841 STATE FILE NUMBER

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Specimen "b" 10 yrs ago Cause of death DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 54 yrs	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN St. Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 808 Allegheny		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MATHILDE Middle LOUISE Last JOHNSON			4. DATE OF DEATH Month Oct. Day 23, Year 1961						
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/13/1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired registered nurse		10b. KIND OF BUSINESS OR INDUSTRY hospital		11. BIRTHPLACE (City and state or country) Trondheim, Norway		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Peter Johnson			13b. MOTHER'S MAIDEN NAME Anna unk.			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address The Rev. Walter F. Wolbrecht, 316 Parkwood					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cirrhosis of the liver								3 yrs. ?	
DUE TO (b) Viral hepatitis								10 yrs. ?	
DUE TO (c) 581.0									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from March 15, 1956 to Oct. 22, 1961 and last saw him alive on Oct. 22, 1961 Death occurred at 9:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Bernard Friedman, M.D.				22b. ADDRESS 457 N. Kingshighway St. Louis, Mo.				22c. DATE SIGNED 10/24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10/26/61	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.				25. DATE RECD. BY LOCAL REG. OCT 25 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

Dr. Bernard Friedman
457 No. Kingshighway

to 5 PM Mon.

no Tuesday

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4520

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.