S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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State File No. 16476

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4412

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No. 4537 Alcott Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Carl Walter Johnson

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 5. Color or race White 0 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Johnson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr. (Month) 1 (Day) 1885 (Year)

8. AGE: Years 59 Months 1 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Lt. Of Police

11. Industry or business St. Louis Police Dept.

FATHER
12. Name John H. Johnson
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Barbara Schroeder
15. Birthplace ..... (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Mrs. Marie Wilson
(b) Address 4537 Alcott Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 27, 1944 to May 11, 1944
that I last saw him alive on May 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation — Duration 14 days

Due to Chronic Myocarditis — 3 yrs

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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PHYSICIAN
Underline the cause to which death should be charged statistically.

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other) M.D.
Address: 5930 Southwest Date signed 5-12-44

(Licensed Embalmer's Statement on Reverse Side)

5930 Southwest
Hi 0750 8:30 - 10:00

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.