

FILED SEP 8 1944

Registration District No. 318

Primary Registration District No. 7000

Registrar's No.

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 1200-WOODSON ROAD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Stewart C. Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. 494-01-4607

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Adeline May 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 29 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 27 hr. min.

9. Birthplace Bloomfield Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Salesman

11. Industry or business Kilgore Coal Co.

12. Name Howard O. Johnson

13. Birthplace Muskingham County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hardy

15. Birthplace Muskingham County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Hutchison

(b) Address 4432-Itaska Av-St. Louis, Mo

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Baumann Brothers, Inc.

(b) Address 2504-Woodson Rd-Overland

19. (a) AUG 28 1944 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25th year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 25th, 1944, to Aug 25th, 1944, that I last saw him alive on Aug 25th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations _____

Of autopsy Refused

Duration

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? (c) Means of injury _____

23. Signature Franz Y. Stemberger (M.D. or other) Address 1515-Laganette Date signed 8/26/44

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

MOTHER FATHER

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

W. L. Peterson

Licensed Embalmer No.

3767

P. O. Address

Overland Mo

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.