MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39953
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Saint Louis
(d) Street No. Peoples Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. Unavailable How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No. 1003
Registered No. 10940

2. PRINT FULL NAME George Johnson, Jr.
(a) Residence, No. 2924 Pine Street St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown-1900

7. AGE: Years 37 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Scullin Steel Wks.
10. Date deceased last worked at this occupation (month and year) Oct. 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Mississippi

FATHER
13. NAME George Johnson
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Lizzie Murphy
16. BIRTHPLACE (CITY OR TOWN) Water Proof
(STATE OR COUNTRY) Mississippi

17. INFORMANT Martha E. Drummond
(ADDRESS) 1115a N. Vandeventer Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 27, 1937

19. FUNERAL DIRECTOR Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED NOV 26 1937 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 19 37

22. I HEREBY CERTIFY, That I attended deceased from September 22, 19 37 to November 23, 19 37
I last saw him alive on November 23, 19 37 Death is said to have occurred on the date stated above, at 8: P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	1 yr

Other contributory causes of importance:

Chronic Myocarditis	6 mos.

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. W. Taylor, M. D.
(Address) 3136 Chouteau Avenue

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)