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.

REC'D APR 11 1938

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

8584
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2172
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(e) Length of residence in city or town where death occurred Life yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alonzo Johnson 525
(a) Residence, No. 4001 A Aldine St. 11
(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: M
4. COLOR OR RACE: C
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) Sept. 15, 1937
7. AGE: YEARS ; MONTHS 5 ; DAYS 17 ; If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

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

MOTHER
15. MAIDEN NAME Pearl Bamer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL E. St. Louis
PLACE St. George Cem. DATE Mch 5 1938

19. FUNERAL DIRECTOR J. T. Marshall
(ADDRESS) 2205 Mo. Ave. E. St. Louis Ill.

20. FILED MAR 3 1938 19 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938 to March 2, 1938
I last saw him alive on March 2 1938. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2/8/38

Other contributory causes of importance:
Cellulitis (right maxillary region)
Purulent abscess, not mumps

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? yes.

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? .....
If so, specify .....
(Signed) H. C. Rowell, M. D.
(Address) Phillips Hosp

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)