

RES-3 APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9017

Do not use this space.

1. PLACE OF DEATH

(a) County 9 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis Mo (d) Street No. En route City Hospital #2 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2606

2. PRINT FULL NAME

Richard Johnson 525
 (a) Residence, No. 450 LAUREL AVE. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. JANITOR
 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) ALABAMA

FATHER 13. NAME SAMUEL JOHNSON 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 1

MOTHER 15. MAIDEN NAME RACHEL JACKSON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALA.

17. INFORMANT Alice Johnson
 (ADDRESS) 4116 West Bell Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Deucharate 3-18 1938

19. FUNERAL DIRECTOR Bennie Howe
 (ADDRESS) 3103 Washington Blvd

20. FILED 18 1938
J. T. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5:54 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis; Thrombosis

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? 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? NO.

If so, specify Alfred J. Perry M.D.
 (Signed)

(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Wm Carpenter, Licensed Embalmer No. 3478
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 B. C. Houston
Licensed Embalmer No. 2266

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.)