

6926
 REC MAY 10 1938

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

13375
 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
 (c) City St. Louis (d) Street No. 2601 N Whittier 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3979

2. PRINT FULL NAME

Milton Johnson

525

(a) Residence, No. 203 S Ewing St. 18
 (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. 13, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 28

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) Mississippi
 (STATE OR COUNTRY)

FATHER 13. NAME Jake Johnson

14. BIRTHPLACE (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lethia Hicks

16. BIRTHPLACE (CITY OR TOWN) Mississippi
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Louis U DATE 4-15 1938

19. FUNERAL DIRECTOR (NAME) W Richter
 (ADDRESS) 3500 Rutger St

20. FILED APR 29 1938 J. V. Bredich
 (Address) 2601 N Whittier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from
Oct. 8 1936, to April 11 1938
 I last saw him alive on April 11 1938. Death is said
 to have occurred on the date stated above, at 5:30a m.

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

Pulmonary tuberculosis

Date of onset
10/8/36

Other contributory causes of importance:

Name of operation 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?
 If so, specify
 (Signed) W L Lewis M. D.
 (Address) 2601 N Whittier

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
or _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.