

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

23594
Do not use this space.

DEC'D AUG 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **2606 Wash** 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 **17 yrs. 4 mos. 8 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Johnson Jr

(a) Residence, No. **2606 Wash** 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 **Col** 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) **April 3 1921**

7. AGE YEARS **17** MONTHS **3** DAYS **9** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School**
 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) **St Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Albert Johnson**

14. BIRTHPLACE (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Luella Dickson**

16. BIRTHPLACE (CITY OR TOWN) **Ark** (STATE OR COUNTRY)

17. INFORMANT **Albert Johnson sr** (ADDRESS) **2606 Wash st**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **July 15 1938**

19. FUNERAL DIRECTOR **J.W. Hughes** (ADDRESS) **2620 Lawton**

20. FILED **JUL 14 1938** **[Signature]** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/12 1938**

22. I HEREBY CERTIFY, That I attended deceased from **7/11 1938**, to **7/12 1938**

I last saw him alive on **7-12 1938**. Death is said to have occurred on the date stated above, at **4 P. m.**

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

Pulmonary TB.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **[Signature]**, M. D.

(Address) **11 1/2 [Address]**

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, J.W. Hughes, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Lyda Hughes

Licensed Embalmer No. 2938

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.)