

REC'D JUL 12 1939

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

791
1003

20192
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. 2023 O'Fallon Street Registered No. 5036 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.

2. PRINT FULL NAME Henry Johnson

(a) Residence, No. 2023 O'Fallon Street St. 21 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 36 — —

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.
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, Mo. (STATE OR COUNTRY)

FATHER
13. NAME John Johnson

14. BIRTHPLACE (CITY OR TOWN) Little Rock Ark. (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) White Hall Ark. (STATE OR COUNTRY)

17. INFORMANT Mae Ella Huff (ADDRESS) 2023 O'Fallon Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE June 2nd 39

19. FUNERAL DIRECTOR (NAME) A. L. Beal Und. Co. (ADDRESS) 2726 Lucas Ave.

20. FILED JUN 3 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3 1939 to May 30 1939
I last saw him alive on May 20 1939 Death is said to have occurred on the date stated above, at 9307
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Chol 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 no
(Signed) 2335 M. D.
(Address) Alpen

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.

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 by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Birdie Beal Anderson

Licensed Embalmer No. *2929*

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.