

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **79.1**

Primary Registration District No. _____

1. PLACE OF DEATH: **1008**
 (a) County St. Louis **2**
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3426 Clark Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Mary Johnson **525**
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sam Johnson 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Sept. 1 1871
 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Summerville Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Gabriel Humphrey
 18. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hazel Johnson
 (b) Address 3426 Clark Ave.

17. (a) Burial (b) Date thereof Nov. 27, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade Perkins
 (b) Address 4202 Finney Ave.

19. (a) NOV 27 1939 (b) J. F. Baschek
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis **18**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3426 Clark Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
 year 1939 hour 12 minute 30, M.
 21. I hereby certify that I attended the deceased from Nov. 15th
1939, to Nov. 21st, 1939
 that I last saw her alive on Nov. 21st, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death: chron nephritis Duration 2 yrs
 Due to _____
 Due to _____

Other conditions: chron myocarditis 2 yrs
 (Include pregnancy within 3 months of death)

Major findings: no operation
 Of operations _____
 Of autopsy autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. F. Baschek (M. D. or other) _____
 Address 3426 Clark Ave. Date signed _____

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Thornton*

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.