

JAN 12 1940

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County St Louis /  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
 In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eugene Johnson 593. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Child6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased Unknown  
(Month) (Day) (Year)8. AGE: Years abt 4 Months Days If less than one day  
hr. min.9. Birthplace Wentzville, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business

12. Name Frank Johnson13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Bradford  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Johnson(b) Address Wentzville, Mo.17. (a) Removal (b) Date thereof 12/28/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wentzville, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) DEC 27 1939 (b) J. H. Bradford  
(Date observed local health officer)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Wentzville N.R.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24th  
year 1939 hour 3:00 minute 45 A. M.21. I hereby certify that I attended the deceased from  
December 17, 1939, to December 24, 1939,that I last saw him alive on December 24, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Influenzal Meningitis Duration 3 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of 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 M. E. Fowler (M. D. or other) \_\_\_\_\_Address 2601 N Whittier Date signed \_\_\_\_\_

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**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.....

*Guy W Wilkinson*

Licensed Embalmer No.....

3575

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.**