S. No. 2
—11-10-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9103

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2586

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1310 Hogan Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missiouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits write "RURAL")

(d) Street No. 1310 Hogan St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Whitney Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Johnson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. (Month) 25, (Day) 1885 (Year)

8. AGE: Years 54 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Anderson Johnson 1
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Katie Johnson
(b) Address 1310 Hogan Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, '40 (Month) (Day) (Year)
(c) Place: burial or cremation Barracks-Nat'l Cemetery

18. (a) Signature of funeral director Clement & Son
(b) Address 2629-31 Wash St.

19. (a) MAR 19 1940 (Date received local registrar) (b) J. F. Bedock (Registrar's signature)

MEDICAL CERTIFICATION

NO ATTENDING PHYSICIAN

20. DATE OF DEATH: Month March day 11th year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Joseph M. Lewis (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

2586

2586

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~~ L. Bay

; Registered Apprentice No. Mylup,

working under my personal supervision.

Signed Lonnie Bayhan

Licensed Embalmer No. 2944

P. O. Address St. Louis Mo

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.