

Registration District No. **191**

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 Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 2 days
(Specify whether years, months or days)

In this community 22 years

3. (a) PRINT FULL NAME Ida Lee Johnson

3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex female **5. Color or race** Negro **6. (a) Single, widowed, married, divorced, or** single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Aug 25, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 8 **If less than one day** _____ hr. _____ min.

9. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J. E. Nance
(b) Address 4053 Page Blvd

17. (a) Burial **(b) Date thereof** Oct 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English and Co
(b) Address 2831 S. Lucas Ave

19. (a) OCT 2 1940 **(b)** J. B. Brudick
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 0 City Infirmary
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 7:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 24, 1940, to Sept 26, 1940
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Miliary Tuberculosis 8-9 mos

Tuberculous Spondylitis (Lumbar) 18 mos

Due to Pulmonary tuberculosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 23

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? _____

While at work? _____ (Specify type of place)

23. Signature Edell W. Butts (M.D. or other)

Address 2601 N Whittier **Date signed** _____

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

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.