

Registration District No. **791** Primary Registration District No. **1003**

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 1 Mo., 18 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Ben Johnson

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Johnson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unavailable. Abt 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 57 hr. _____ min.

9. Birthplace Elmwood Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

12. Name Freeman Johnson

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

14. Maiden name Lucy -- Unknown

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

16. (a) Informant Mattie Johnson
(b) Address Rt. 2 Box 404 Elmwood, Mo.

17. (a) Burial (b) Date thereof 10/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Bates
(b) Address 4107 Finney Ave.

19. (a) OCT 18 1940 (b) J. F. Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Chicago, St., Elmwood, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 8-27- 1940 to 10-15- 1940
that I last saw him alive on 10-15- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia About 2 days
Due to Cystitis, Chronic catarrhal About one Yr
Hypertrophy of Prostate " " "

Due to _____

Other conditions 107a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As Above

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 K. E. Fletcher (M. D. or other) 10-17-40
Address 2601 N. Whittier St. 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.

James A. Harrison, Registered Apprentice No.

Signed

James A. Harrison
Licensed Embalmer No.

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.