o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34149

NOV 16 1940

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8846

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St Louis City Hosp #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2648 Pestalozzi
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph L. Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. 494-03-5836

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June (Month) 16 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	9	hr. min.

9. Birthplace LINN (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Shoe worker 9

11. Industry or business International Shoe Co.

MOTHER FATHER

12. Name Alfred Johnson 0

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

14. Maiden name MARY Wilson

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

16. (a) Informant Lucinda Johnson

(b) Address 2648 Pestalozzi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-1940 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director Wills Bros F.H.Co.

(b) Address 2929 S. Jefferson Ave

19. (a) OCT 28 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from October 9, 1940 to October 26, 1940; that I last saw him alive on Oct 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address City Hospital Date signed 10-26-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3472

P. O. Address 9999 8. Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.