

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 15 1941 **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH: **4551 Kennely ave,**
 (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: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St Louis**
 (c) City or town **St Louis** **11**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4551 Kennely ave.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME **Blanche Johnson**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month **Dec** day **4**
 year **1940** hour **3** minute **5** P. M.

4. Sex **Female** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Howe Johnson**
 6. (c) Age of husband or wife if alive **25** years
 7. Birth date of deceased **Dec 17 1917**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11** to **11:40** that I last saw him/her alive on **7 2nd** 19**40** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	22	11	16	hr. _____ min. _____

Immediate cause of death **Bronchitis**
Pneumonia
 Due to **Pericardial Anemia**

9. Birthplace **St Louis Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **House Work**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name **Edward Jones**
 13. Birthplace **Kansas City Kan.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Agnes Green**
 15. Birthplace **St Louis Mo.**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Agnes Caldwell**
 (b) Address **4551 Kennely**
 17. (a) **Burial** (b) Date thereof **Dec 10/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Greenwood Cem**
 18. (a) Signature of funeral director **F. A. Green**
 (b) Address **2915 Franklin ave.**
 19. (a) **DEC 10 1940** (b) **J. H. Brudick**
 (Date received local registrar) (Registrar's signature)

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 **Howe L. Perry** (M. D. or other) _____
 Address **4405 Kennely ave** 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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

E. A. Frost

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.