

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40406

JAN 15 1941 791

State File No. 10177

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Louis
(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:
enroute to Homer Phillips Hos.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis, Mo. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 N 23rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Frankie Johnson.

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

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

6. (b) Name of husband or wife Willie Lee Johnson 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 26 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>9</u>	<u>3</u>	hr. _____ min.

9. Birthplace Wabaskia Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Pea Smith

18. Birthplace Grady Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Pea Stevenson

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

16. (a) Informant Willie Lee Johnson

(b) Address 1013 N 23rd St

17. (a) Burial (b) Date thereof 12-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herbert Dickson Co.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2320 Stoddard St

19. (a) DEC 11 1940 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1940 hour 11:30 minute P. M.

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

Immediate cause of death Traumatic hemorrhage due to Fracture of the Skull; Lacerations of liver and spleen, suffered Due to about 11:30 P.M., Dec. 8th, 1940, when Olds sedan driven by Isaac Slay, Due to Col., struck lamp post on Chouteau Viaduct.

Other conditions CRIMINAL CARELESSNESS
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Dec. 8th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
While at work? _____ (Specify type of place)
(e) Means of injury 5
23. Signature Joseph H. Stevenson (M. D. or other)
Address Deputy Town Date signed _____

Duration
Duration
Underline the cause to which death should be charged statistically.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.