MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40564
Do not use this space.

1. PLACE OF DEATH 791 1 2 0
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 10335
or
(c) City St. Louis (d) Street No. 20 So. Theresa St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAMUEL Johnson 18
(a) Residence, No. 20 So ~~Terresa~~ Theresa St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Currenner Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1898

7. AGE: YEARS 42 | MONTHS 4 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: Packing House
10. Date deceased last worked at this occupation (month and year): 12, 15, 1940
11. Total time (years) spent in this occupation: 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER
13. NAME: Currenner Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Mary Jane Humphry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Currenner Johnson, 20 So Terresa ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington Park Cemetery DATE: Dec. 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Atkins Bros Unf. Co. 3644 Finney ave.

20. FILED: DEC 17 1940 19 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/15/40, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis;	
Cardiac Hypertrophy;	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Thomas F Callenan, M. D.
(Address) Deputy Corner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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 Tim

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

If this body is not embalmed, above space should be left blank.