

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 yrs. 2 mos. 15**
0 days. (Specify whether
In this community **13 yrs.**
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,** (13) 22
(If outside city or town limits, write "RURAL")
Street No. **2112 Adams St. Rear**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **EDITH JOHNSON.**
(b) If veteran, name war **NO**
(c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jim Johnson** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **About 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 hr. min.

9. Birthplace **Greensboro Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Housewife**

12. Name **Runnie Croom**

13. Birthplace **Unknown Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Todd**

(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof **12/31/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis**

18. (a) Signature of funeral director **W. M. C. Green**

(b) Address **3517 Locust Ave**

19. (a) **DEC 31 1940** (b) **J. W. Bredeck**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26th**
year **1940** hour **1.10** minute **P. M.**

21. I hereby certify that I attended the deceased from **Oct. 12, 1936**
1936, 19____, to **Dec. 26, 1940**;
that I last saw her alive on **December 26, 1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis 1936x

Due to **Senility 1936x**

Due to **General Arteriosclerosis 1936x**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **No.**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Hubert P. Smith** (M. D. or other) _____
Address **5400 Arsenal** Date signed **12/26/40**

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

MOTHER FATHER

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.....

A. M. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 S. Alameda*

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, fact should be so stated above.