

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

956

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

956

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: Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community 50 yrs
 years, months or days)

8. (a) PRINT FULL NAME George Johnson

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

4. Sex Male
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced 5 0

6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 Aft 61 hr. min.

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

10. Usual occupation waiter

11. Industry or business

MOTHER FATHER
 { 12. Name Ellison Johnson
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 ?????????
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Florence W. Spotts
 (b) Address Homer Phillips Hospital

17. (a) Burial (b) Date thereof 1-30-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
 (b) Address City Health Dept

19. (a) JAN 29 1941 (b) J. Phillips
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3200a Pine Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
 year 1940 hour 4:09 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 23, 1940 to December 27, 1940
 that I last saw him alive on December 27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acquired Lues
Luetic Heart Disease
Aortitis
Aortic Insufficiency
 Duration Unk
3 yrs

Due to _____
 Other conditions 30 d
 (Include pregnancy within 3 months of death)

Major findings: Hypertensive Heart Disease
 Of operations _____
Generalized Arteriosclerosis
 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 J. W. Johnson (M. D. or other)
 Address Homer Phillips 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.....

Licensed Embalmer No.....

P. O. Address.....

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.