

No. 2
4-13-40
5-17-39
P-I X23159

MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N. St. Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")

(d) Street No. 2313 Delmore 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Baby Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1941 hour 4 minute 30 P.M.

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

4. Sex Female

5. Color or race col.

6. (a) Single, widowed, married Single
divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Jan 26 1941
(Month) (Day) (Year)

Immediate cause of death: Atelectasis
Prematurity

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
			<u>8</u> hr. <u>10</u> min.

9. Birthplace St. Louis 0 Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Wm Johnson

13. Birthplace 1 Miss
(City, town, or county) (State or foreign country)

14. Maiden name Susie Knight

15. Birthplace 1 Miss
(City, town, or county) (State or foreign country)

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)

(a) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 2/7/41

16. (a) Informant William Johnson

(b) Address 2313 Delmore

17. (a) Burial (b) Date thereof 2/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. P. Walton

(b) Address 2709 Stoddard St

19. (a) FEB 8 1941 (b) J. B. Brueck
(Date received local registrar) (Registrar's signature)

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

85
20
17
9

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.....

working under my personal supervision.

not embalmed

....., Registered Apprentice No.....

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, fact should be so stated above.