No. 2
1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13088
3518

MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 9 (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 101 S. Leonard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore Johnson

3. (b) If veteran, name war Nil

3. (c) Social Security No. 498-01-0887

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Frances Johnson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 7, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	12	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Edward Johnson
13. Birthplace Dorchester (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Evelyn Hall
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Frances Johnson
(b) Address 101 S. Leonard

17. (a) Bur ial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) APR 24 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 1941 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3-10- 1941 to 4-19- 1941, that I last saw him alive on 4-19- 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease with Coronary Involvment	About 15 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 2601 N. Whittier Date signed 4-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 D M Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede

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

If this body is not embalmed, fact should be so stated above.