

Registration District No. **791**

Primary Registration District No. **1003**

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community 15 years  
years, months or days

3. (a) PRINT FULL NAME Cora Johnson

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

4. Sex F 3. Color or race negro 6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife Orsie 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased unknown 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months unknown Days unknown If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Orsie Johnson

(b) Address 170 Marion St.

17. (a) Burial (b) Date thereof 6-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G. D. Bonds

(b) Address 219 Lafayette

19. (a) JUN 19 1941 (b) J. H. Bredek  
(Registered local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 170 Marion St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15  
year 1941 hour 11:14 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 13, 1941, to June 15, 1941  
that I last saw her alive on June 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease 8 years  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions MI, Ch., 95  
(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? \_\_\_\_\_

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

23. Signature Carroll Allen (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier 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.....

*Louis V. Atkins*

Licensed Embalmer No. ....

*2842*

P. O. Address.....

*2644 Finney Rd*

**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.**