

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LAWRENCE M. JOHNSON

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 17, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>10</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Essie Johnson

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

14. Maiden name Essie Johnson

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

16. (a) Informant Essie Johnson

(b) Address St. Louis

17. (a) Burial (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park English Ind. Co

18. (a) Signature of funeral director _____

(b) Address 2931 Lucas Ave

19. (a) JUN 24 1941 (b) W Kinloch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. W E Arthur
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 19
1941 to June 20 1941
that I last saw her alive on June 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death - dysentery bacillary Duration 2-3 weeks
stools red 2 weeks

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy ulcerated colitis

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) (a) Means of injury _____

23. Signature R. J. Blumhagen (M. D. or other) _____
Address 500 W. Campbell Date signed _____

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.....

Burleson English

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas, Ave*

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.