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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23096
Registrar's No. 5448

Registration District No. 791
Primary Registration District 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: Mo. Pac. R.R. Tracks (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 31 years 2 (Specify whether years, months or days)

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. 2737 Lawton (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Sylvester Johnson
3. (b) If veteran, name war ------
3. (c) Social Security No. 495-12-7817
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 January (Month) 1 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
31	5	27	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Jessie Johnson
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 Mr X Mrs - Birdie Johnson
(b) Address 3229 a Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetary
18. (a) Signature of funeral director Bennie Rose
(b) Address 3103 Washington Ave.
19. (a) JUL 2 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28 year 1941 hour 4 minute 20 A.M. P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw the deceased on and that death occurred on the date and hour stated above.

Immediate cause of death: Was Heavy Crane Body Was Severed When Bee was Run over by two Empty Coal Cars Driven by a Missouri Pacific Engine Manned by John Haggerty Fireman and Henry Hoak Engineer about 3 am. June 28th 1941 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1694 7 DR
Of autopsy 3D 201 8

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) Accident
(b) Date of occurrence June 28th 1941
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Colleran (M. D. or other) 5
Address Deputy Coroner Date signed 6/30/41

(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.....

Licensed Embalmer No. 4167

P. O. Address 4937 Fort Worth

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

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