

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23779

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6120

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
1003 N 12th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 (Specify whether
In this community. _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

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

(d) Street No. 1003 N 12th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME. Tennie Johnson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1944 ho 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 13, 1944, to July 22, 1944;
that I last saw her alive on July 22, 1944;
and that death occurred on the date and hour stated above.

4. Sex. Female 5. Color or race. Negro 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. Homer Johnson 6. (c) Age of husband or wife if alive. 46 years

7. Birth date of deceased. 24 1899
(Month) (Day) (Year)

Immediate cause of death. Cancer of uterus

Duration _____

8. AGE: Years 44 Months 0 Days 28 If less than one day
hr. _____ min. _____

Due to. Cancer of uterus

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

Due to. _____

10. Usual occupation. House work

Other conditions. (Include pregnancy within 3 months of death) None

11. Industry or business _____

Major findings: Of operations _____

12. Name Wm. Barkow

Of autopsy _____

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

14. Maiden name. Belzaria Spencer

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

16. (a) Informant Nattie Jones

(b) Address 1713 Cole St.

17. (a) BURIAL (b) Date thereof 7-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Broadway Ave

19. (a) JUL 28 1944 (b) J. W. Walker
(Date received local registrar) (Registrar's signature)

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 J. W. Walker (M. D. or other) D

Address 1003 N 12th St. Date signed 7-24-41

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. *2498*

P. O. Address *2764 Chautauque*

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.