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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27099

Registrar's No. 6891

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:
Missouri Pacific Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss Mississippi (b) County 999

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Archie Johnson

3. (b) If veteran, name war

3. (c) Social Security No. 718-05-1090

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 25 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Stationary fireman

11. Industry or business G. M. & O. R. R. Co.

FATHER
12. Name Frank Johnson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elvira Johnson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hattie Rush
(b) Address Marion. Miss

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Meridian, Miss

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) AUG 25 1941 (Date received local registrar) (b) J. H. Bodnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22nd
year 1941 hour 9 minute 50 P M.

21. I hereby certify that I attended the deceased from Aug 1st, 1941, to Aug 22nd, 1941;
that I last saw him alive on Aug 8 22nd, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Heart failure~~
I Coronary heart disease
II Chr. myocarditis
III Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Heinz S. Gran (M. D. or other)
Address 1755 S. Grand Blvd. Date signed 8/24/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 3 1941

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. 1994

P. O. Address St. Louis.

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

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