

FILED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. 30015

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7354

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: Homes Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town 2530 N. Harrison St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2530 N. Harrison St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
Attending Physician

3. (a) PRINT FULL NAME FRANCES L. JOHNSON

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 19
year 1941 hour 2:25 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 25, 1941
(Month) (Day) (Year)

Immediate cause of death Pelitic Broncho Pneumonia Duration _____

8. AGE: Years _____ Months 2 Days 14 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Johnson
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Ernestine
15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

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) (Means of injury)

16. (a) Informant Earl Johnson

(b) Address 2530 N. Harrison

17. (a) Burial (b) Date thereof Sept 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Ind. Co.

(b) Address 2931 Lucas Ave

19. (a) SEP 11 1941 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Thomas F. Callanan (M.D. or other) _____
Address Deputy Coroner Date signed 9/17/41

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

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9
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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.