

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

30171

BUREAU OF THE CENSUS  
FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7510

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: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
in this community 42 years  
years, months or days)

3. (a) PRINT FULL NAME Noah Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ella Johnson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 4, 1892?  
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 8 If less than one day  
about hr. — min.

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

10. Usual occupation Laborer (day)

11. Industry or business \_\_\_\_\_

12. Name Henry Johnson

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

14. Maiden name Unknown

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

16. (a) Informant Ella Johnson

(b) Address 3105 Spruce St.

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

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Untd. Co.  
(b) Address 2732 Pine Street

19. (a) SEP 17 1941 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ADW  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3105 a Spruce  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1941 hour 9:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 8, 1941, to Sept 12, 1941;  
that I last saw him alive on Sept 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 das

Due to Urethral Stricture Abt. 2 yrs  
Cystotomy, no stones

Due to Cause of stricture unknown

Other conditions (Include pregnancy within 6 months of death) \_\_\_\_\_

Major findings: Of operations 136a

Of autopsy As above

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) (e) Means of injury \_\_\_\_\_

23. Signature H. F. Fletcher (M. D. or other) D  
Address 2601 N Whittier Date signed 9-15-41

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

10  
17  
9

**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.....

*J. Russell*

Licensed Embalmer No. *4112*

P. O. Address.....

**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.**