3. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32597

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1875

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Rt. 50 near Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County--d o a
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town So. Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. Tolsta & Boston 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Henry Johnson

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

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 8 mo. (Month) 31 (Day) 1889 (Year)

8. AGE: Years 52 Months Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Memphis, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name William Johnson
13. Birthplace Whitehaven, 1 Tenn.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mose Johnson
(b) Address 223 Alabrook St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Slaten & Sons
(b) Address Kirkwood, Mo.

19. (a) SEP 10 1941 (Date received local registrar) (b) E. G. McGavron Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1941 hour 2 minute A M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Inquest pending~~
As a result of an auto collision while riding as a passenger in an auto that
Due to collided with a public h'way
Due to Frac. ribs hemothorax and laceration of lt. lung.
5-25-41 6
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170c
22

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accd.
(b) Date of occurrence 0946 9-8-41
(c) Where did injury occur? Rt. 50 E. of Manchester
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pub. Pl. Auto
(Specify type of place)
While at work? no (e) Means of injury Collision

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 9/9/41 Date signed _____

(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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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

If this body is not embalmed, above space should be left blank.