

Registration District No. **791**

Primary Registration District No. **1003**

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: **St Louis Childrens Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County _____ **000**
(c) City or town **St Louis** **21 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2834 Gamble St** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **6**
year **41** hour **7:15** minute _____ P.M.
21. I hereby certify that I attended the deceased from **Oct 6 at**
7 pm 19**41** to **Oct 6 at 7 pm** 19**41**
that I last saw **her** alive on **10-6** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
lung tissue not forborne
Pneumonia - secondary
Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

3. (a) PRINT FULL NAME

Ollie Mae Johnson

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

4. Sex: **F 3** 5. Color or race: **col** 6. (a) Single, widowed, married, divorced: **et D**

6. (b) Name of husband or wife: **Baby** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **March 11 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months **6** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace: **St Louis mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Baby**

11. Industry or business _____

12. Name: **Emanuel Johnson**

13. Birthplace: **Columas miss 1**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ginise Bradshaw**

15. Birthplace: **St Louis mo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Emanuel Johnson**

(b) Address: **2834 Gamble St**

17. (a) **Burial** (b) Date thereof: **10-8-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Greenwood Cem**

18. (a) Signature of funeral director: **Ellis Fun Home**
(b) Address: **2820 Stoddard St**

19. (a) **OCT 7 1941** (b) **J. T. Bulech**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

F. Boyer

Registered Apprentice No.

working under my personal supervision.

Signed

Lominie Boyer

Licensed Embalmer No.

294

P. O. Address

St Louis Mo.

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.