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K26390

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8573

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(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 12 hrs., 45 min.  
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Mary Lee Johnson

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased September 28, 1941  
(Month) (Day) (Year)

8. AGE: Year 12 Months Days If less than one day  
12 hr. 45 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Johnson

{ 13. Birthplace Little Rock, Arkansas  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Alice Smith

{ 15. Birthplace Carlo, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Esther M. Seward

(b) Address 2601 N. Whittier Street

17. (a) burial (b) Date thereof 10-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cottleville Field

18. (a) Signature of funeral director J. J. Prudek

(b) Address City Health Dept

19. (a) OCT 29 1941 (b) J. J. Prudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3507 Laclede Avenue  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28  
year 1941 hour 12 9 minute 45 PM.

21. I hereby certify that I attended the deceased from September 28, 1941 to September 28, 1941  
that I last saw her alive on September 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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 12

23. Signature DS Moore (M.D. or other) 10-28-41  
Address 2601 N. Whittier St. Date signed.....

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

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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.....

Licensed Embalmer No.....

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.**