

(Hlt.) FEB 24 1942 7911

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
2716 North Taylor Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 28 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")
2716 North Taylor Ave.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Albert Carl Johnson**

3. (b) If veteran, name war **Not** 3. (c) Social Security No. **300-11**

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

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 46 hr. min.

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

10. Usual occupation **Barber for self**

11. Industry or business _____

MOTHER FATHER

12. Name **Bertratin Johnson**

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

14. Maiden name **Not Known**

15. Birthplace **Kansas City Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Hannie Johnson**
(b) Address **2716 North Taylor Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 28 1942** (Month) (Day) (Year)
St. Peters Cemetery

(c) Place: burial or cremation **A. L. Beal Und Co.**

18. (a) Signature of funeral director **2726 Lucas Ave.**
(b) Address

19. (a) _____ (b) **J. T. Bredek** (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **24** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **January 1942** to **January 24 1942** that I last saw him alive on **January 24 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Was Valvular Insufficiency Chronic Nephritis and General Dropsy**

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

Major findings: Of operations _____ Of autopsy _____

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) (c) Means of injury _____

23. Signature **Paul Perry** (M. D. or other) _____
Address **1452** Date signed _____

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 2649^a Delmas

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.