S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 440

FILED FEB 24 1942

Registration District No. 791 1 Primary Registration District No. 1003

Registrar's No. 314

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: HomerG. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

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

(d) Street No. 2652 Delmar - (rear) 1)
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Celestine Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced 1

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased I (Month) 6 (Day) 1907 (Year)

8. AGE: Years 35 Months Days I If less than one day hr. min.

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

10. Usual occupation Hiose Wife

11. Industry or business

FATHER
12. Name Dee Beasley
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Scott
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Bruce

(b) Address 4233 easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial

18. (a) Signature of funeral director Lonkie L Toney

(b) Address 3129 Rugeley Ave

19. (a) JAN 12 1942 (Date received local registrar) (b) J. F. Bieseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 42 hour 2 minute 40 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 Chronic Hypertrophic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callan (M. D. or other)

Address Deputy Coroner Date signed 1/8/42

(Licensed Embalmer's Statement on Reverse Side)

Lic 8540

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Clark Heavy

Licensed Embalmer No. 3377

P. O. Address St. Louis

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.