

FILED FEB 24 1942
Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 438

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

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:
Homer Phillips Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 1 day
In this community 14 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dan Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Minnie Johnson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 10, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 2 If less than one day hr. min.

9. Birthplace East Paris, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name Allen Johnson

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

14. Maiden name Norcisis Jones

15. Birthplace La.
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Johnson

(b) Address 1812 N. Newstead

17. (a) Burial (b) Date thereof 1-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director E. A. Green

(b) Address 2915 Franklin Avenue

19. (a) (Date received by registrar) (b) J. F. Budick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 N. Newstead (1)
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1942 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from December 11,
19 41 to January 12, 19 42;
that I last saw him alive on January 12, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 days
Urethral Stricture 1 year
Hypertrophy of Prostate

Other conditions 137
(Include pregnancy within 5 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) (e) Means of injury.....

23. Signature H. Fletcher (M. D. or other)
Address 2601 Thottier Date signed 1/13/42

JAN 15 1942

944 (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.....

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

Signed.....

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.