

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3117 Franklin  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 Years  
(Specify whether years, months or days)  
 In this community 25 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3117 Franklin  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Fannie Johnson

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 13, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>II</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Brooklin, ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business \_\_\_\_\_

12. Name Billy Collins

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

14. Maiden name Sallie White

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

16. (a) Informant Mary Branch

(b) Address 3117 Franklin

17. (a) Burial (b) Date thereof Feb. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wrights Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) FEB 3 1942 (b) G. T. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
 year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-14-39  
 \_\_\_\_\_, 19\_\_\_\_, to 1-31-42, 19\_\_\_\_.

that I last saw him alive on 1-30-42  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease and Chronic Nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None

Of autopsy Clinical

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) None

(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? No

While at work? No (Specify type of place) (e) Means of injury None

23. Signature G. T. Bredeck (M. D. or other) No

Address 3117 Franklin Ave. Date signed 2-2-42

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.....

*William C. McDowell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2117*

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.**