U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4513

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1260

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S INFIRMARY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days) In this community 4 DAYS 38 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 21 080
(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL")
(d) Street No. 2107a O'FALLON ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY JOHNSON
3. (b) If veteran, name war NONE
3. (c) Social Security No. 333-03-3987
4. Sex MALE
5. Color or race C
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of ~~husband or~~ wife KATIE
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 12 (Month) 23 (Day) 1886 (Year)

8. AGE: Years 55 Months 1 Days 13 If less than one day hr. min.

9. Birthplace MEMPHIS (City, town, or county) TENN (State or foreign country)
10. Usual occupation HOD CARRIER
11. Industry or business
FATHER 12. Name UNK
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Lena Johnson
(b) Address 2107a O'FALLON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD
18. (a) Signature of funeral director Bennie Lowe
(b) Address 3103 Washington Blvd
19. (a) FEB 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1942 hour minute M.
21. I hereby certify that I attended the deceased from July 2nd, 1942 to July 6th, 1942 that I last saw him alive on July 6th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
acute myocarditis
Due to
chr. myocarditis
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. ~~or other~~)
Address 823 N. 16th St. Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1947

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 Melvin Glickman

Licensed Embalmer No. 3962

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.