

Registration District No. 791

Primary Registration District No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sam Johnson

3. (b) If veteran, name war ---- 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Johnson 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased December 8th, 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business Laborer

MOTHER FATHER { 12. Name James Johnson
13. Birthplace Huston, Texas
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Bradley
15. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Johnson
(b) Address 330a Montrose St.
17. (a) Burial (b) Date thereof 2-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis
19. (a) FEB 26 1942 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 330 Montrose (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22,
year 1942 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from February 14,
1942 to February 22, 1942,
that I last saw h. im alive on February 22, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric Thrombosis
Peritonitis (Postoperative) Duration 8 days

Due to Operation for Mesenteric Thrombosis
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 9911
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) (e) Means of injury
23. Signature W. E. G. Forde (M. D. or other) D
Address 2601 Whittier Date signed 2/24/42

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

STATEMENT BY LICENSED EMBALMER

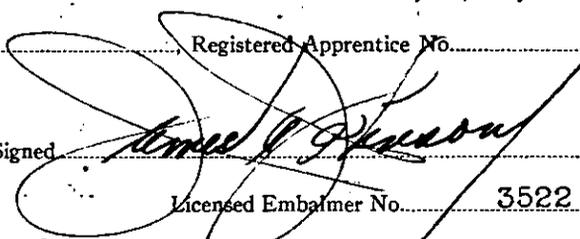
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....James A. Johnson.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No..... 3522.....

P. O. Address. 4107 Finney Ave......

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.