S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 16291 5067

FILED JUN 22 1942 791

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

**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: 4453 - Cote Brilliante Ave (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 6 YEARS

**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. 4453 COTE BRILLIANTE (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES A JOHNSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife JOSIE JOHNSON

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 11 (Month) 10 (Day) 1866 (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace OKOLONA (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

FATHER 12. Name UNKNOWN

FATHER 13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name UNKNOWN

MOTHER 15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant [illegible]

(b) Address 4453 COTE BRILLIANTE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEMETERY

18. (a) Signature of funeral director [illegible]

(b) Address 8211 Finney Ave

19. (a) JUN 11 1942 (Date received local registrar) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 6th year 1942 hour 5 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 1st 1942 to June 6, 1942 that I last saw him alive on June 5th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Heart disease — Duration several years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) NO

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. L. McFinnis (M.D. or other)

Address 826 N. Beaumont Date signed 6/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.**