

FILED OCT 14 1942 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8226

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 15 days
In this community Life
(Specify whether years, months or days)

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. 1223 Prairie
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charlie Johnson
3. (b) If veteran, name war..... 3. (c) Social Security No. unk

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt 67 Months Days If less than one day
hr. min.

9. Birthplace Miss
(City, town, or country) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business unk

12. Name William Johnson

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

14. Maiden name Unknown

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

16. (a) Informant Blanch Brooks
(b) Address Lebordon Ill

17. (a) Burial (b) Date thereof Oct 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) OCT 5 1942 (b) J. J. Hudech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2,
year 1942 hour 9 minute 35 A. M.
21. I hereby certify that I attended the deceased from Sept.
17, 19 42 to October 2, 19 42;
that I last saw h. im alive on October 2, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive Heart Disease
Prolapsed Rectum

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
Unk.
Unk.

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 0

23. Signature J. E. Smith (M: D-or other)
Address 2601 Whittier Date signed 10/3/42

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

MOTHER FATHER

HT

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Rd

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.