S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28858

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ~~7510~~ 000

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: En route Homer Phillips Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL") 21 17 9
(d) Street No. 2708 Cole (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEO. W. JOHNSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Cal
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillie
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March (Month) 15 (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor
11. Industry or business not
FATHER
12. Name Manny
13. Birthplace not (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Manny
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Tillie Johnson
(b) Address 42 27 Catebritan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.
18. (a) Signature of funeral director W. Richards
(b) Address 2625 Glasgow
19. (a) SEP 9 1942 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st year 1942 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Apoplexy
Due to
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 Alfred Werr (M. D. or other)
Address Cupert Coon Date signed 9/8/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address St Louis Mo.

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.