

FILED OCT 28 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(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 2 days (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3431 Delmar
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia Johnson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ephriam Johnson 6. (c) Age of husband or wife if alive D 15 K years
7. Birth date of deceased 5 - 16 - 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 1 ..hr. ..min.

9. Birthplace Hopkinsville, Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Private Family

MOTHER FATHER { 12. Name Kelley Ransom
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Douglas
15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

16. (a) Informant Mathie P. Jordan
(b) Address 3431 Delmar Blvd.

17. (a) Burial (b) Date thereof 10/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas Ave.

19. (a) OCT 20 1942 (b) J. F. Bredeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17,
year 1942 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from October
15, 19 42 on October 17, 19 42
that I last saw her alive on October 17, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Duodenal Ulcer (P.O.) Duration 2 weeks

Due to.....

Due to.....

Other conditions 117
(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?
.....

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. R. Williams (M. D.)
Address 2601 N. 2nd Street Date signed 10/17/42

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *2649 Nelmar Blvd*

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.