U. S. No. 2
10M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32097

Registrar's No. 9122

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 G. Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED: 000 12 9 21

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3437 Lawton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME William Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. 499-016632

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Mary Johnson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 14 (Day) 1895 (Year)

8. AGE: Years 47 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Wall (City, town, or county) Mississppi (State or foreign country)

10. Usual occupation Labor

11. Industry or business W.P.A.

MOTHER FATHER
12. Name Fontine Johnson
13. Birthplace Missssppi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Mississppi (City, town, or county) (State or foreign country)

16. (a) Informant Mary Johnson
(b) Address 3437 Lawton ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (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) NOV 2 1942 (Date received local registrar) (b) J. J. Bulech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27, year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from September 27, 1942, to October 27, 1942, that I last saw him alive on October 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	Unk.
Prob. Cerebral Hemorrhage	
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 S. E. Smith (M. D. or other)
Address 2601 N. Whittier St. Date signed 10/29/42

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.