

FILED DEC 11 1942  
 3123

Registration District No. 3123

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (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: St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Johnson #2

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased November 19, 1942 (Month) (Day) (Year)

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

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Jos. L. Johnson  
 13. Birthplace Effingham, Ill.  
 14. Maiden name LeVada Lincoln  
 15. Birthplace Flat River, Mo.

16. (a) Informant Jos. L. Johnson  
 (b) Address 2629a Cass Ave.

17. (a) Burial (b) Date thereof 12/4/42 (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director W. W. McLaughlin  
 (b) Address 2301 Lafayette Ave

19. (a) DEC 4 1942 (Date received local registrar)  
 J. F. Bradeck (Registrar's signature)

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. 2629a Cass Ave (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24, year 1942 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from November 19, 1942 to November 24, 1942 that I last saw him alive on November 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Newborn

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

Major findings:  
 Of operations  
 Of autopsy

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  
 23. Signature W. W. McLaughlin (M. D. or other)  
 Address 1515 Lafayette Avenue, Date 12/24/42

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

FILED FEB 23 1919

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.

*not embalmed*

Signed *Layman R Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.