

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38904

State File No.

FILED JAN 13 1943 18

Registrar's No. 10943

Registration District No.

Primary Registration District No. 1003

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 3 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 92
(d) Street No. 2200 Walnut
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME James Johnson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

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

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

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

10. Usual occupation Unknown

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country) 9

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) Burial Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Manuel Lind

(b) Address 4059 Fenway

19. (a) DEC 29 1942 (Date received local registrar)
J. F. Buehler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20,
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from December
17, 19 42 to December 20, 19 42;
that I last saw him alive on December 20, 19 42;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Duration

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 J. E. Smith (M. D. or other)

Address 2601 N. Whittier Date signed 12/21/42

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

Received from
Anatomical Board

JUN 17 1954

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 *Wm McElwaine*

Licensed Embalmer No. *2114*
Wm L. Sherman
P. O. Address *Funeral Director*

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.