

JAN 21 1941
 Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri,
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Children Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether)
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1145a Bayard Ave.,
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Johnson, Jr. Albert Hall

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased August 12th 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 5 0 ..hr. ..min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Albert Johnson
 13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name Myrtle Gandt
 15. Birthplace North Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert Johnson-father
1145a Bayard Ave.,
 (b) Address.....

17. (a) burial-shipper (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des. Arc Pluifis, Ark

18. (a) Signature of funeral director Sullivan Brothers
 (b) Address 2849 No. Euclid Ave.

19. (a) JAN 12 1941 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12
 year 43 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-22
 1942, to 1-12, 1943;
 that I last saw him alive on 1-12, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchitis

Due to.....
 Due to.....

Other conditions concurrent meningitis (meningococcal)
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

Duration
 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.....

23. Signature J. F. Brueck (M. D. or other).....
 Address 500 W. Kingshighway Date signed.....

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

MOTHER FATHER

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

Albert Mayfield

Licensed Embalmer No.

3077

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.