. S. No. 2
OM—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

407

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 672

1. PLACE OF DEATH:
(a) County Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 29 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mo 009 12
(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4043a Cook Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME David Jefferson Johnson
3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Rosa Lee Johnson
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Mar. (Month) 2nd (Day) 1889 (Year)

8. AGE: Years 54 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Atlanta (City, town, or county) Ga. (State or foreign country)
10. Usual occupation Pullman Porter
11. Industry or business
FATHER
12. Name Green Johnson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Anna Rosa Lee Johnson
(b) Address 4043a Cook Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Manuell Und. Co
(b) Address 4059 Finney Ave
19. (a) JAN 22 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1943 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from 12-9, 1942, to 1-22, 1943; that I last saw him alive on 1-22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Ht. Disease c̄ Decompensation	Unknown
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature S. E. Smith D (M. D. or other)
Address 2601 N. Whittier Date signed 1-23-43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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.