

FILED FEB 4 1943 318

Registration District No. 243

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 13 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Hattie Johnson

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 14th 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Unk Robinson
13. Birthplace Unk
(City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Speed Johnson
(b) Address 4547 Garfield Ave
17. (a) Removal (b) Date thereof 1-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Tenn
18. (a) Signature of funeral director Chas J. Gates
(b) Address 4677 1/2 in new Ave
19. (a) JAN 28 1943 (b) J. B. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County — 000
(c) City or town St. Louis 112
(If outside city or town limits, write "RURAL")
(d) Street No. 4547 Garfield Ave 119
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1943 hour 4:43 minute _____ A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Duration _____
Hemorrhage of brain when she fell
down 11 steps to the basement
Due to her home Jan 17 1943
about 8:00 AM

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) accident 000
(b) Date of occurrence Jan 17 1943
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? no Means of injury fall
23. Signature W. H. Berry (M. D. or other) _____
Address 1300 Clark Ave Date signed 1-27-43

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 *1711 N. Taylor Ave.*

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.