V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 413

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 608

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

1. PLACE OF DEATH:

(a) County

(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 G. Phillips Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 25 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1736 Division St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roosevelt Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race Col

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 June 15, 1922 (Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business

FATHER
12. Name Willie Johnson
13. Birthplace Bovina (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Willie Lee Post
15. Birthplace Bolton (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Willie Johnson Ill.
(b) Address 1412 S. I St., E. St. Louis,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) (Date received local registrar) JAN 21 1943 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1943 hour 12:25 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 Subarachnoid hemorrhage of brain; Lobar Pneumonia when he was struck by a truck

Due to driven by one Russell Williams Col on Central Ave between 16th

Due to 1 + 18th Streets East St Louis Ill about 10:30 P.M. Jan 9, 1943

Other conditions
(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) Accident 136

(b) Date of occurrence Jan 9 1943

(c) Where did injury occur? East St Louis Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)
Address Lerp of Coron 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. D. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede 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.