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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 414

Registration District No. 13428 Primary Registration District No. 1003 Registrar's No. 713

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4042 Cote Brilliante
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willis Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 66 Months Days If less than one day hr. min.

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

10. Usual occupation Not Known

11. Industry or business

FATHER
12. Name Tom Johnson
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not K now n
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Cornelius Johnson
(b) Address 3200 Lucas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) JAN 25 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1943 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from January 18, 1943 to January 21, 1943 that I last saw him alive on January 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unknown
Chr Nephritis	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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith O (M. D. or other)
Address 2601 N. Whitten Date signed 1-21-43

(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 Clark Young

Licensed Embalmer No. 337

P. O. Address St. Louis

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.