

S. No. 2  
M-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8437

State File No. ....

FILED APR 3 1943 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2876

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(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 2 days (Specify whether  
In this community 25 years (Specify whether  
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. 3971a Cook (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Annie Johnson

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

4. Sex Fem. 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Walter Johnson 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Abt. 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 74 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name (Unk) Powers

13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Tarborough

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Lobbins

(b) Address 1008a N. Vanteventer

17. (a) Burial (b) Date thereof 3/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

19. (a) MAR 26 1943 (b) J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23,  
year 1943 hour 9 minute 15 A. M.  
21. I hereby certify that I attended the deceased from March  
21, 1943 to March 23, 1943;  
that I last saw h. er. alive on March 23, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
Duration Unk.

Due to 93  
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) (c) Means of injury

23. Signature A. E. Smith (M. D. or other) 0  
Address 2601 W. 11th St. Date signed 3/23/43

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

MOTHER FATHER

Walter R. Bate  
3/8/43

**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.....

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

working under my personal supervision.

Signed W. R. Bate

Licensed Embalmer No. 1173

P. O. Address 357 LaSalle 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.**