

APR 19 1948

Registration District No. **218**

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: **3413 - Laballe 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis**

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

(d) Street No. **3413a Laballe**
(If rural, give location)

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

3. (a) PRINT FULL NAME **BURMELL JOHNSON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **492-03-7445**

4. Sex **MALE** 5. Color or race **COL**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **BERDIE Johnson** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Mar 1 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **WHITEVILLE TENN**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABOR**

11. Industry or business **Laclede Gas Co**

12. Name **Finley Johnson**

13. Birthplace **Whiteville TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **ARMENTA**

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

16. (a) Informant **Berdie Johnson**

(b) Address **3413a Laballe St**

17. (a) **Burial** (b) Date thereof **4-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. J. Watson**

(b) Address **2769 Chouteau Ave**

19. (a) **APR 9 1948** (b) **J. J. Brudeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **6** year **43** hour **12:30** minute **00** M.

21. I hereby certify that I attended the deceased from **Mar 15** 19**43** to **Apr 6** 19**43** that I last saw him alive on **Apr 4th** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **Q2**

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature **J. J. Brudeck** (M. D. or other)

Address **26th & Jackson** Date signed **4/7/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
.....
Licensed Embalmer No. 2695
P. O. Address..... 2764 Chouteau

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.