S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12318

State File No.

Registration District No. 12318

Primary Registration District No. 1005

Registrar's No. 3755

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 19 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1223

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

(d) Street No. 1623 S. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Johnson

3. (b) If veteran, name war none

3. (c) Social Security No. 362-16-7360

4. Sex Male

5. Color or race Negro

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 Nov. (Month) 25, (Day) 1908 (Year)

8. AGE: Years 34 | Months 4 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Unknow

FATHER
12. Name Charley Steward
13. Birthplace ? (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Lovie Wilson
15. Birthplace ? (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Lovie Johnson
(b) Address 1623 So. 3th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Father- Dickson

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St

19. (a) APR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18, year 1943 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 30, 1943, to April 18, 1943; that I last saw him alive on April 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Peritonitis (autopsy)	Unk.
Lung-Tuberculosis (Autopsy)	Unk.
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 C. R. Merry (M. D. or other)

Address 2601 N. Whittier Date signed 4/20/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1949

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aline St

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.