

FILED APR 19 1943

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution, write street number or location 2 days
In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Richmond Heights 8
(d) Street No. 1536 So. Hanley Road 3NR
(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME Henry Johnson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased unknown 1849 (Month) (Day) (Year)

8. AGE: Years About 93 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Henry Johnson, Jr. (b) Address 1526 So. Hanley

17. (a) Burial (b) Date thereof 4-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Slaton & Sons (b) Address 214 S. 1st St. St. Louis, Mo.
19. (a) APR 5 1943 (b) J. J. [Signature] (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1, year 1943 hour 11 minutes 0 A. M.

21. I hereby certify that I attended the deceased from March 30, 1943 to April 1, 1943

that I last saw him alive on April 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Prostate with Metastases Unk.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature A. K. Fleet (M. D. or other)

Address 2601 W. Whittier Date signed 4/2/43

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

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.