

MAY 27 1943 318

Registration District No.

Primary Registration District No.

Registrar's No.

4472

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **3047. A. Clark Ave., St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **30 years,** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3047. A. Clark Ave.,**
(If rural, give location)
(e) Citizen of foreign country? **Born in U.S. OF A.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Henry Johnson,**

3. (b) If veteran, name war..... **none,**
3. (c) Social Security No..... **?**

4. Sex **Male** 5. Color or race **Col,**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Mrs. Mary Johnson,**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **October 3rd 1867.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 5 hr. min.

9. Birthplace **Blackville, S.C.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ice and Coal dealer,**

11. Industry or business **Fuel**

MOTHER FATHER { 12. Name **Richard Johnson,**
13. Birthplace **S. Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Pennie**
(City, town, or county) (State or foreign country)
15. Birthplace **S. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Johnson**
(b) Address **3047. A. Clark Ave., St. Louis, Mo.**

17. (a) **Burial,** (b) Date thereof **May 14th 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **R. C. Houston**
(b) Address **2812 Thomas St,**

19. (a) **MAY 13 1943** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8th**
year **1943.** hour **10:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **3/16** 1943 to **5/8** 1943;
that I last saw **him** alive on **5/8** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis 7 weeks**

Due to **Chronic myocarditis 1 yr.**

Other conditions **92**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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 **Benjamin P. Taylor** (M. D. or other)
Address **3146 S. La Grange** Date signed **5/12/43**

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.....

..... *myself*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas 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.