

LED JUL 8 1943 318

Registration District No. .... Primary Registration District No. .... 1003

Registrar's No. ....

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 mos. 21 days  
(Specify whether  
In this community 3 years  
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. 1521 So. Ewing Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Johnny 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 Widower

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

7. Birth date of deceased January 2, 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 5 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Venis Johnson

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

14. Maiden name Bessie Merriweather

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St.

17. (a) Funeral Home (b) Date thereof 6/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director J. F. Budack  
(b) Address 23 1943

19. (a) 6/12/43 (b) J. F. Budack  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9,  
year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from March  
19, 19 43 to June 9, 19 43  
that I last saw him alive on June 9, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 13

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) (c) Means of injury 5

23. Signature Alma Moore (M. D. or other) 6/12/43  
Address 2601 Whittier Date signed 6/12/43

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

MOTHER FATHER

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**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.....

P. O. Address.....

**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.**