V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19734

FILED JUL 13 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6019

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

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of Phillips)
(c) Name of hospital or institution: En Route To Hospital (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 Missouri (b) County 000 17 4
(c) City or town ST Louis (If outside city or town limits, write "RURAL")
(d) Street No. West End Hotel Room 3900 W. Belle - 514 (If rural give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert Boliver Johnson
3. (b) If veteran, name war — — —
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced separator
6. (b) Name of husband or wife Fannie Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 20th (Day) 1909 (Year)

8. AGE: Years 33 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Miss (State or foreign country)
10. Usual occupation
11. Industry or business Bartender
FATHER
12. Name C. J. Johnson
13. Birthplace Jackson (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Julia Anderson
15. Birthplace Jackson (City, town, or county) Miss (State or foreign country)
16. (a) Informant Julia Anderson
(b) Address 1639 Cole ST
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Ellis Fun-Home
(b) Address 2820 S Toddard ST
19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 year 1943 hour 3 minute 05 A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from gunshot wound of heart, inflicted at the hands of one Harvey
Due to Burton Col at the intersection of Gamble and Garrison Ave
Due to about 2:55 AM June 29, 1943

Duration

Other conditions (Include pregnancy within 3 months of death) 166

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) Homicide
(b) Date of occurrence June 29 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Gunshot
23. Signature Thomas F Callaway (D. or other)
Address Deputy Coroner Date signed 6-29-43

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boykin, Registered Apprentice No. M, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.