

1. PLACE OF DEATH:

(a) County: _____
(b) City or town: **St. Louis**
(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: **5 Min.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Johnny B. Wren**

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: **0**

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

7. Birth date of deceased: **5 17 43**
(Month) (Day) (Year)

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

9. Birthplace: **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER
12. Name: **Sammie Lee Wren**
13. Birthplace: **Aberdeen Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name: **Lillie Jones**
15. Birthplace: **Aberdeen Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Father M. Sherrard, R.R. 4**

(b) Address: **2501 N. Whittier**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **JUN 24 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation: **CITY CEMETERY**

18. (a) Signature of funeral director: **H. Merschman**

(b) Address: **Reddy Natch 10417**

19. (a) **JUN 20 1943** (Date received local registration) (b) **J. J. Prudick** (Registrar's signature)

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.: **3128 Hickory St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1943** hour **4** minute **50** a.m.

21. I hereby certify that I attended the deceased from **5-17**
1943 to **5-17**, **1943**
that I last saw him alive on **5-17**, **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Atelectasis**

Due to: **Unknown**

Due to: **Unknown**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: **E. H. Dickerson** (M. D. or other) _____
Address: **2601 N. Whittier** Date signed: **6-22-43**

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

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17/8
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161 a

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.