

FILED SEP 11 1943 317

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Adm. June 15, 1943.
(Specify whether
 In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME Charles Johnson
 3. (b) If veteran, name war World War #1
 3. (c) Social Security No. 491-14-8177

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive UNAY years
 7. Birth date of deceased August 16, 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 18
 If less than one day hr. min.

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

10. Usual occupation Laborer

MOTHER FATHER {
 12. Name Phillip Johnson
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Papiley
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Schiley
 (b) Address Clinical Clerk, VAF, J.B., Mo.

17. (a) Removal (b) Date thereof 9-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. Cairo, Ill.

18. (a) Signature of funeral director Chas. J. Isatis
 (b) Funeral Rm.

19. (a) SEP 7-1943 (b) C. G. McHarran
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 34 South Channing Street 7
(If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 4th,
 year 1943 hour 5:39 minute A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to September 4, 1943
 that I last saw him alive on September 4, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH. Unknown
Duration

Due to -
 Due to -

Other conditions NONE. 46h
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: No operation.
 Of operations Autopsy not granted.
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) NO
 (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)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)
 Address Chief Medical Officer Date signed 9/4/43

SEP 28 1943

State of New York
Department of Health

State of New York
Department of Health

Department of Health, State of New York

State of New York

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State of New York

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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. 4259

P. O. Address: 4107 Juniper 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.