

S. No. 2
M-5-42
5-17-3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30069**

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

FILED SEP 28 1943 318

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8220**

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.....
Emulo to City Hospital # 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **3** (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **5**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5607 Bartmer Avenue**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Andrew Johnson**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept** day..... **14**
year..... **1943** hour..... **10** minute..... **30** AM

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.

4. Sex..... **0** Male 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Katie W. Johnson** 6. (c) Age of husband or wife if alive..... **66** years

7. Birth date of deceased..... **February 12, 1866**
(Month) (Day) (Year)

Immediate cause of death..... **Fracture of skull**
subdural hemorrhage of brain when he was struck by a street car being operated by Elmer Austin Taylor at the intersection of DuPont and Montone streets at way and Clara way about 10:30 AM

Other conditions..... **Sept 14 1943**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77	7	2	hr. min.
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9. Birthplace..... **Alexandria Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Attorney**

11. Industry or business.....

12. Name..... **Cortes A. Johnson**

13. Birthplace..... **Wayland Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Alicia Hening**

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

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

Major findings: Of operations..... **171**

Of autopsy..... **31**

16. (a) Informant..... **Mrs. Catherine Dunford**

(b) Address..... **5607 Bartmer Avenue.**

17. (a) **Burial** (b) Date thereof..... **Sept 16, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **Sept 14 1943**

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?..... **Yes** (c) Means of injury..... **Street Car**

(c) Place: burial or cremation..... **Bellefontaine Cemetery**

18. (a) Signature of funeral director..... **Shepard Funeral Home**

(b) Address..... **1167 Hamilton Avenue.**

19. (a) **SEP 5 1943** (b) **J. B. Bredsch**
(Date received local registrar) (Registrar's signature)

23. Signature..... **Alfred Perry 3** (M. D. or other)
Address..... **Deputy Coroner** Date signed..... **9.16.43**

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.....

Albert G. Hoyer

Licensed Embalmer No..... *2971*

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.