

FILED OCT 2 - 1943

State File No. _____
Registrar's No. **8490**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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) 0
(d) Length of stay: In hospital or institution 1 mo. 21 days
(Specify whether
In this community 10 months
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. 2642 Lucas
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Early Johnson 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased 1919
(Month) (Day) (Year)

8. AGE: 24 Years Months Days If less than one day _____ hr. _____ min.

9. Birthplace Shelby Housewife Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George Cooper

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

14. Maiden name Sally Unknown

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

16. (a) Informant Early Johnson

(b) Address 2642 Lucas Avenue

17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 4 25 43
(Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Miss.

18. (a) Signature of funeral director A. F. Beal and

(b) Address 2726 Lucas Ave

19. (a) SEP 25 1943 (b) J. Theobald
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 18;
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 27,
1943 to September 18, 1943
that I last saw her alive on September 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to _____

Due to _____

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

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) (e) Means of injury _____

23. Signature C. M. Mearse (M. D. or other) _____

Address 2601 Whittier Date signed 9/24/43

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 Arthur L. Hallford

Licensed Embalmer No. 4221

P. O. Address 4219th E. Taylor

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.