

SEP 17 1943

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis

(c) Name of hospital or institution: St Marys. Inf.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 14 days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEROLD VAN JOHNSON

8. (b) If veteran, name war none

8. (c) Social Security No. none

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Aug 24 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 14 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant.

11. Industry or business _____

MOTHER FATHER { 12. Name Geroy Johnson.

13. Birthplace Hope Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Hennie Jackson

15. Birthplace Sheffield Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geroy Johnson

(b) Address Brooklyn Ill.

17. (a) Removal (b) Date thereof Sept 8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St George Cem., St. Louis, Ill.

18. (a) Signature of funeral director J. H. Bredbeck

(b) Address 2205 Madison St. St. Louis, Ill.

19. (a) SEP 17 1943 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St Clair

(c) City or town Brooklyn (If outside city or town limits, write "RURAL") NR.

(d) Street No. 210 1/2 Canal St. (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28 1943 to Sept 7 1943 that I last saw him alive on Sept 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Accident to motorcycle

Due to blowdown

Due to _____

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? St. Louis, Ill.

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

23. Signature Edwin F. Vines (M. D. or other) M.D.
Address 990 N 2nd St Date signed 9/8

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address C. Harris Ills

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, above space should be left blank.