

S. No. 2
 OM-2-43
 5-17-39
 X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36519
 State File No. 10215
 Registrar's No.

FILED DEC 3 1943

Registration District No. 3948 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)
 (d) Length of stay: In hospital or institution 2 MOS.
(Specify whether years, months or days)
 In this community 25 years

3. (a) PRINT FULL NAME Annie Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 25 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Hawkinsville Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business House work
 12. Name Matt Paulhill
 13. Birthplace Ga.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Johnson
 (b) Address 4230 W. Belle Pl

17. (a) Burial (b) Date thereof 11-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director M. Dowell
 (b) Address 2741 N. Taylor Av.
 19. (a) NOV 22 1943 (b) J. B. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4230a West Belle
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 18, year 1943 hour _____ minute 20 A. M.
 21. I hereby certify that I attended the deceased from Sept. 23, 1943 to November 18, 1943
 that I last saw her alive on November 18, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
 Duration Unk.

Due to _____
 Due to _____

Other conditions MI
(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) Means of injury _____
 23. Signature J. B. Brubaker (M. D. or other) _____
 Address 2601 Schiller St. Date signed 11-20-43

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No: 2114

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.