

FILED DEC 22 1943 18

Registration District No.

Primary Registration District No.

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:
The St. Louis Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-22-1943 to
In this community 12-2-1943 (Specify whether 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. 3900 West Belle Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Johnson

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

4. Sex Female Color or race Col
5. (a) Single, widowed, married, divorced, separated

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 22 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 10 hr. min.

9. Birthplace Hopkinsville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business.....

MOTHER FATHER
12. Name James Anglin
13. Birthplace Tenn!
14. Maiden name Florence Carter
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Atkins Brod
(b) Address 3644 Finney Ave

19. (a) DEC 6 1943 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from October 22,
1943 to December 2, 1943
that I last saw her alive on December 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy none

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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Dr. Max Well (M. D. or other).....
Address 5600 Arsenal St. Date signed 12-6-43

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

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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney

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.