No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 506

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 657

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

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: 1918a Cole Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1918a Cole Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Roy Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Sarah Johnson

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 24, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	24	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Johnson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Malinda (Unk)
15. Birthplace Cotrell (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Nora Dickson
(b) Address 972 Wesley Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) JAN 21 1944 (Date received local registrar) (b) F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1944 hour 10 minute 00 p. M.

21. I hereby certify that I attended the deceased from Dec 19, 1940 to Jan 18, 1944
that I last saw him alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Parenchymatous Nephritis And Hypertension	30 days
Due to Exposure and Over eating	
Due to Deceased had a Chronic Nephritis	
Other conditions Bronchitis (Include pregnancy within 3 months of death)	30 days

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

23. Signature J. S. Jaques (M. D. or other)
Address 307 S Jefferson Date signed 1/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1173

P. O. Address 5517 Sachde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.