

**318**

**FILED MAR 27 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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 Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mo., 5 days  
(Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis, 921  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2703a Lucas  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Johnson

3. (b) If veteran, name war none  
3. (c) Social Security No. 496-22-7407

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

6. (b) Name of husband or wife Mary Johnson  
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 4, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 8 13 hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Johnson

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

14. Maiden name Mary Hicks

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

16. (a) Informant Mary Johnson

(b) Address 2703 A. Lucas Ave.

17. (a) Burial (b) Date thereof Mar. 20, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) MAR 20 1944 (Date received from registrar) J. F. Bulech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,  
year 1944 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from January 11, 1944, to March 16, 1944;  
that I last saw him alive on March 16, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Decompensation

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Alma Inman (M. D. or other) 3/17/44  
Address 2601 Whittier Date signed \_\_\_\_\_

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

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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

*William C. Gordon*

.....  
Licensed Embalmer No.

*3489*

P. O. Address

*4575 Alder*

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.