

FILED JUN 10 1944 18

1003

Registration District No. _____ Primary Registration District No. _____

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME Lucille Johnson

3. (b) If veteran, name war none, 3. (c) Social Security No. none,

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James Johnson 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 8th, 1898.
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation House-Wife

11. Industry or business Domestic,

MOTHER FATHER

12. Name Rev. Ransom Greef.

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

14. Maiden name Rebecca Craig,

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

16. (a) Informant Mr. Corrie Busby

(b) Address 4202 W. Evans, St. Louis, Mo.

17. (a) Burial, (b) Date thereof June 3rd 44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery,

18. (a) Signature of funeral director Al Newton

(b) Address 2812 Thomas, St. Louis, Mo.

19. (a) JUN 1 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

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. 4315a N. Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29,
year 1944 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 17, 1944 to May 29, 1944
that I last saw h. er alive on May 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 5 weeks

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 Mason (M. D. or other)

Address 2601 Whittier Date signed 5/31/44

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

2
3
9
7823

874

STATEMENT BY LICENSED EMBALMER

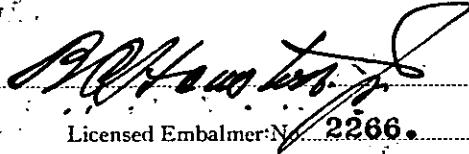
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself.

....., Registered, Apprentice No.

working under my personal supervision.

Signed.....


.....
Licensed Embalmer: N. **2266.**

P. O. Address. **2812 Thomas, St. Louis.**

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.