

FILED JUL 26 1944

State File No.

1003

6294

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County *******
 (b) City or town **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **23 Hours**
(Specify whether)
 In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **---**
 (c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1440 N. 15th St. (rear)**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **--**

3. (a) PRINT FULL NAME **SARAH JOHNSON**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-20-4705**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **38** years
 7. Birth date of deceased **Jan. 12 1917**
(Month) (Day) (Year)

8. AGE: Years **27** Months **5** Days **28** If less than one day **hr. min.**

9. Birthplace **Saint Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business **Hotel**

MOTHER FATHER

12. Name **Madison Richardson**
 13. Birthplace **Sand Prarie Arkansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Agnès Harris**
 15. Birthplace **Perryville Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Johnson**
 (b) Address **1440 N. 15th St. (rear)**
 17. (a) **Burial** (b) Date thereof **7-17-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Father Dickson Cem.**

18. (a) Signature of funeral director **Charles J. Gates**
 (b) Address **4107 Finner Ave.**
 19. (a) **JUL 17 1944** **J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10th**
 year **1944** hour **10** minute **35** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h..... alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis Epidem**
 Due to **37 a**

Due to _____
 Other conditions _____
(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?
(Specify type of place)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **Dr. Alfred Perry** (M. D. or other) _____
 Address **Deputy Coroner** Date signed **7-18-44**

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

844

APV-02-000

VER

STATEMENT BY LICENSED EMBALMER

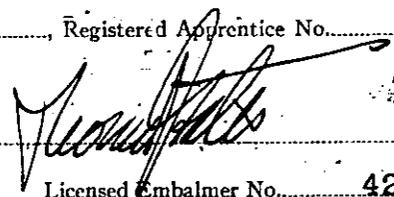
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4259**

P. O. Address **4107 Finney Ave.**

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.