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Ev. 5-17-39
P-1 X35697

26340

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 25 1944 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7109

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution June 4 to Aug 12
(Specify whether _____)

In this community part time, in & out
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
1795

(c) City or town St Louis, Mo. 925
(If outside city or town limits, write "RURAL")

(d) Street No. City Hospital No 11-26
(If rural, give location) 06

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME De Witt G Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 12
year 11 hour 15 minute P.

21. I hereby certify that I attended the deceased from 8/4
1944 to 8/12, 1944
that I last saw him alive on 8/12, 1944
and that death occurred on the date and hour stated above

3. (b) If veteran, name war ✓

3. (c) Social Security No. cannot find

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

Immediate cause of death CIRRHOSIS OF LIVER

Duration _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: Dec 28, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 14 hr. min.

Due to _____

Due to _____

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

Other conditions OSTEOMYELITIS OF RT. FEMUR

(Include pregnancy within 3 months of death)

10. Usual occupation Railroad Telegrapher

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Edward A. Johnson

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

14. Maiden name Anna Billings

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

16. (a) Informant Blanche Johnson Reynolds

(b) Address Care Ward Ave

17. (a) Removed (b) Date thereof Aug 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Commerce Mo.

18. (e) Signature of funeral director J. H. Bracey

(b) Address Commerce Mo.

19. (a) AUG 15 1944 (b) J. H. Bracey
(Date received local registrar) (Registrar's signature)

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 W. Thomas (M. D. or other) _____

Address St. Louis City Hosp. Date signed 8-14-44

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

9 51 J A
L
70

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 Thos. C. Allen

Licensed Embalmer No. 4252

P. O. Address Jackson

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.