

FILED OCT 6 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: BARNES Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
Specify whether
 In this community 14 yrs,
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Mo. 17
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2229B. Franklin Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Augusta Johnson
 (b) If veteran, name war XX
 (c) Social Security No. 489-10-4591

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 24
 year 1944 hour 9 minute 00p.

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Susanna Johnson, 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased August 27th 1902,
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 17, 1944, to Sept. 24, 1944;
 that I last saw him alive on Sept. 24, 1944;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 42 Months 0 Days 28
 If less than one day
 hr. _____ min. _____
 Birthplace Arkansas.
(City, town, or county) (State or foreign country)

Due to Uremia 2 mo
Arteriole Nephrosclerosis 3 Mo
Malignant Hypertension 5 1/2 M
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer,
 11. Industry or business Ligget & Myers Tabaco Co.

Major findings: 121
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name Jordan Johnson,
 13. Birthplace Arkansas,
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Muldrew,
 15. Birthplace Arkansas.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Anna Johnson Mother
 (b) Address 2229B. Franklin, Ave, St. Louis
 17. (a) Burial (b) Date thereof 9-30-44.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park Cem
 18. (a) Signature of funeral director R. C. Houtchiff
 (b) Address 2812 Thomas St, St. Louis, Mo.
 19. (a) SEP 28 1944 J. F. Briscoe
(Date received local registrar) (Registrar's signature)

23. Signature John A. Eisenhauer (M. D. or other) MD.
 Address Barnes Hospital Date signed 9-24-44

STATEMENT BY LICENSED EMBALMER

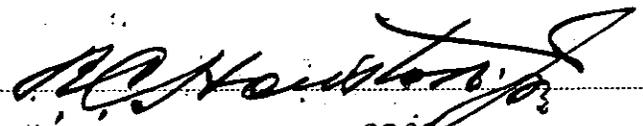
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2266.....

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

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.