

FILED DEC 15 1944

Registration District No.

Primary Registration District No. 1003

10482

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
peoples 0
(If not in hospital or institution, write street number or location)
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution 3 mo
(Specify whether years, months or days)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME NYANZA JOHNSON

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

4. Sex Male 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Johnson 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased Feb 25 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 9 13 hr. — min.

9. Birthplace Hempsted County ARK
(City, town, or county) (State or foreign country)

10. Usual occupation Chippy

11. Industry or business Steel Mill

12. Name Fletcher Johnson

13. Birthplace Hempsted County ark
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE WHITE

15. Birthplace Hempsted County ARK
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Johnson

(b) Address 4117 Baker

17. (a) Removal (b) Date thereof Dec 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Louis Ill

18. (a) Signature of funeral director J. D. Cragg

(b) Address 1036 Tudor East Louis Ill

19. (a) DEC 8 1944 (b) J. D. Cragg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST CLAIR
(c) City or town East St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4117 Baker Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1944 hour 1 minute 32 M.

21. I hereby certify that I attended the deceased from July 1944 to 12-8 1944;
that I last saw him alive on 12-7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Vincent's Angina Duration 3 wks
Due to Vincent's Angina

Due to _____
Other conditions Neurodermatitis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: 32
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 A. S. Smith (M. D. or other) _____
Address 11 N. Jefferson Date signed 12-8-44

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

Rev. 5-1-23 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1031

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Wm E. G. G. G. G.*.....

Licensed Embalmer No. *3518*.....

P. O. Address.....

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, above space should be left blank.