

Registration District No. 318 Primary Registration District No. 1003

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

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)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk
In this community 2 1/2 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1127 N 11th St 25
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Joe Johnson

3. (b) If veteran, name war. 3. (c) Social Security No. 490-14-9794

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 1883

7. Birth date of deceased Jan 23 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Secatur Johnson

13. Birthplace St Louis, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta

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

16. (a) Informant Mamie Shales

(b) Address 12727 Hogan

17. (a) Burial (b) Date thereof Jan 23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. P. Allen

(b) Address 2915 Franklin Ave

19. (a) JAN 23 1945 J. F. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 11, 1945 to January 18, 1945 that I last saw him alive on January 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Accident Duration Unk

Due to

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Alva Moore (M. D. or other)

Address 2601 N Whittier St Date signed 1-18-45

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.....

G. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin 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.