

FILED JAN 31 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 721

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Robert Johnson

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male 2, 5. Color or race color

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marshie Johnson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Feb. 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 11 12 hr. min.

9. Birthplace: Fayette 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Richard Johnson

MOTHER FATHER { 12. Name unknown

{ 13. Birthplace Elizabeth Moore 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown 9

{ 15. Birthplace Robert Johnson (City, town, or county) (State or foreign country)

16. (a) Informant 1643 Sublette

(b) Address

17. (a) Greenwood (b) Date thereof 1-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

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

(b) Address 7506 Franklin Ave.

19. (a) JAN 24 1945 (Date received local registrar)

J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 1643 Sublett (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1945 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from
January 16, 1945, to January 19, 1945;
that I last saw him in alive on January 19, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Duration Terminal

Due to

Due to 107

Other conditions: 107
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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?

(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 0

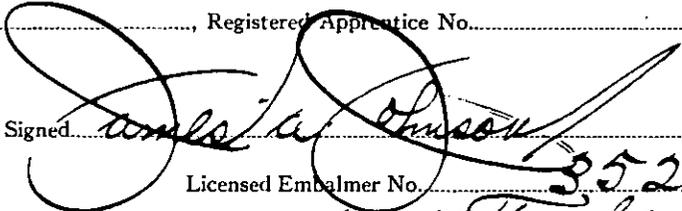
23. Signature Aera Moore (M. D.)

Address 2601 N. Whittier Date signed 1-22-45

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..... .....

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin and

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.