S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18877
Registrar's No. 5614

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0 06

(a) State Missouri (b) County 17
(c) City or town St. Louis, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 Cole (rear) 21
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Johnson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 25th (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	0	hr. min.

9. Birthplace [redacted] (City, town, or county) Thornton Ark! (State or foreign country)
10. Usual occupation
11. Industry or business Domestic
FATHER
12. Name Henry Johnson
13. Birthplace Thornton (City, town, or county) Ark 1 (State or foreign country)
MOTHER
14. Maiden name Minnie Johnson
15. Birthplace Thornton (City, town, or county) Ark 1 (State or foreign country)
16. (a) Informant Rosa Lee Ivory
(b) Address 2922 Sherdian Ave.
17. (a) Burisl (Burial, cremation, or removal) (b) Date thereof 6-30-45. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem,
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) JUN 28 1945 (Date received by registrar) (b) G F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25, year 1945 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from June 20, 1945 to June 25, 1945; that I last saw her alive on June 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (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 0
23. Signature B. F. Murphy M. D. ~~or other~~
Address 260 W Kutter Date signed 6/26/45

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain Ave St Louis 13, 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.