

FILED JUL 28 1945 STANDARD CERTIFICATE OF DEATH

22113

State File No.

6277

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 4 mos.
years, months or days

3. (a) PRINT FULL NAME Elmer Johnson

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Estelle Johnson 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October ? 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days ? If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Foundry

12. Name George Johnson

13. Birthplace Saratoga ARK.
(City, town, or county) (State or foreign country)

14. Maiden name Tishia Thomas

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

16. (a) Informant Bessie Simmons
(b) Address 2721 1/2 Clark Ave

17. (a) Burial (b) Date of death 7-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Park Cnty.

18. (a) Signature of funeral director Pattett Fun. Home
(b) Address 1245 Glasgow Ave.

19. (a) JUL 20 1945 (b) J. J. Egan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1539 S. 2nd
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15,
year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from March
15, 1945 to July 15, 19 45
that I last saw him alive on July 15, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia
Due to Generalized Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/11

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 _____

23. Signature J. J. Egan (M. D. or other)
Address 2601 W. 11th Date signed 7/17/45

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

MOTHER FATHER

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 *[Signature]*

Licensed Embalmer No. *2266*

P. O. Address *2812, Thomas St*

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.