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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28476

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2154

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:
Monroe & Ridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2/22 days
years, months or days

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. Monroe & Ridge
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Morris Lee Johnson

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

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

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

7. Birth date of deceased: (Month) 7 (Day) 13 (Year) 45

8. AGE:		Years	Months	Days	If less than one day
		<u>2</u>	<u>22</u>		hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 31 to Sept 12 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dysentery

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Kendall Park MO (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Corcoran M Wright

{ 13. Birthplace Chicago Ill (City, town, or county) (State or foreign country)

{ 14. Maiden name Pauline Johnson

{ 15. Birthplace Kendall Park MO (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address South Kenbeck MO

17. (a) _____ (b) Date thereof 9/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Park Cem

18. (a) Signature of funeral director Frankie L. Jones

(b) Address 3129 Locust

19. (a) 9-4-45 (Date received local registrar) (b) E. M. Darn (Registrar's signature)

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. H. Rainey (M. D. or other) MD

Address St. Louis Date signed 9-3-45

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

Not Emb

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.....

NO Embalming

Licensed Embalmer No.....

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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. SeptRegistrar's No. 2154Registration District No. 307Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kniock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME Marvin Lee Johnson3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex M5. Color or
race (N)6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 357. Birth date of deceased July 13 1910

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace MO.

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept
year 1944 hour 10 minute 00 M.21. I hereby certify that I attended the deceased from 10 to 11, 1944;that I last saw him alive on Sept 13, 1944;

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)

Address Date signed

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

MOTHER FATHER

S-28474