

FILED JAN 31 1946

Registration District No. _____ Primary Registration District No. 1002

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 5 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2812 Washington
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Annie Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 4
 year 1946 hour 2 minute 25 A. M.
 21. I hereby certify that I attended the deceased from 12-31
 19 45 to 1-4 1946;
 that I last saw her alive on 1-4-46 1946;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Calvin Johnson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 7 1910
 (Month) (Day) (Year)

Immediate cause of death
Chronic Nephritis
Hypertensive Heart Disease
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy No

8. AGE: Years Months 27
35 27 X
 If less than one day hr. min.

9. Birthplace N. C.
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace ''
 (City, town, or county) (State or foreign country)

16. (a) Informant Calvine Johnson, Husband
 (b) Address 2012 Washington
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Durham, No. Carolina

18. (a) Signature of funeral director Ellis Funeral Home
 (b) Address 2820 Stoddard St.

19. (a) JAN 8 1946 (Date registered) (b) J. F. Bredek (Registrar's signature)

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? _____

While at work? Y (Specify type of place) _____
 (e) Means of injury _____
 23. Signature O. L. Daniel (M. D. or other) _____
 Address 7601 N. Whites Date signed _____

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

2658

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 L. Boyer

....., Registered Apprentice No.
working under my personal supervision.

Signed Louisa Boyer
Licensed Embalmer No. 2946
P. O. Address St. Louis 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.