

FILED FEB 18 1946
Registration District No. _____

Primary Registration District No. _____

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:
2832 Papin Street
(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)

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. 2832 Papin Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tillie Johnson

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 3 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 18 hr. min.

9. Birthplace ? La.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name ? Hargett
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Hester ?
15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Campbell
(b) Address 280 St. Papin

17. (a) Burial (b) Date thereof 1-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heimisch Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) JAN 23 1946 (b) J. Thredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1946 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 26 1946 to Jan 21 1946
that I last saw her alive on Jan 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy M

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. Thredick (M. D. or other) _____
Address 280 St. Papin Date signed 1/23/46

Duration 3 yrs?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Joel Russell
Licensed Embalmer No. 4112
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.