

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7597

FILED MAR 1 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1738

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 26 Fifth Ave., So. Kinloch
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14
year 1946 hour 4 minute 15 P. M.

4. Sex female
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 Aug. 22 1880

21. I hereby certify that I attended the deceased from b 2-10-1946 to 2-14-1946
that I last saw her alive on 2-14-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident
Duration Unk

8. AGE: Years 65 Months 5 Days 22
If less than one day hr. min.

Due to
Due to
Other conditions Unknown
Major findings: Of operations
Of autopsy No

9. Birthplace Alabama
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Prinas Hart
13. Birthplace Alabama
14. Maiden name Catherine Planch
15. Birthplace Alabama

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Katherine Hodge
(b) Address So. Kinloch
17. (a) Burial (b) Date thereof Feb. 21, 1946
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director
(b) Address 2931
19. (a) FEB 21 1946 (Date received local registrar) J. T. Brebeck (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (2) Means of injury
23. Signature O. J. Ayer (M. D. or other)
Address 2601 N. Wheeler Date signed 2/16/46

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

6542

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 Burton English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, W.C.

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.