

FILED MAR 16 1946

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 2/18/46  
(Specify whether  
In this community 27 Years  
years, months or days)

3. (a) PRINT FULL NAME JOHNSON, Willie

3. (b) If veteran, name war World I  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
Common-law

6. (b) Name of husband or wife Cora Metcalf  
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: August 1 1894  
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 8  
If less than one day hr. min.

9. Birthplace Macon, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

16. (a) Informant Clin. Clerk Vet. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof Mar 17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave

19. (a) 3-14-46 (b) L. E. Stilwell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2818 Spruce Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1946 hour 6:27 minute A M.

21. I hereby certify that I attended the deceased from 2/18/46  
to 3/9/46

that I last saw him alive on March 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Duration  
UNK

Due to

Due to

ARTERIOSCLEROSIS,

UNK

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

Major findings: No Operation

PHYSICIAN

Of operations

Of autopsy No Autopsy

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) No  
(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 L. E. Stilwell (Specify type of place)  
of injury

23. Signature L. E. Stilwell, M. D. (M. D. or other) 3/8/46

Address Jefferson Barracks, Mo. Date signed

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

9678

MAY 9 1946

APR 20 1946

APR 1 1946

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**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.....

*J. A. Green*

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin Ave

**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.**