

U. S. No. 2
OM-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11280

State File No. _____

Registration District No. **FILED MAR 20 1946**

Primary Registration District No. **1003**

Registrar's No. **2279**

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:
4428a Cote Brilliante /
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 680

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4428a Cote Brilliante
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Ernest Johnson

3. (b) If veteran, name war World # 1

3. (c) Social Security No. _____

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Johnson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 12th 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dining Car Waiter

11. Industry or business Rail-road

12. Name Robert J. Johnson

13. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Julia B. Turner

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Johnson

(b) Address 4428a Cote Brilliante

17. (a) Burial (b) Date thereof 3-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAR 8 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1946 hour 1:25 minute P.M. M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arterio Sclerosis

Due to Coronary Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Robert E. Dwyer (M. D. or other) _____
Address 1300 Clark Ave. Date signed _____

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed..... 

..... Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney 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.