

STANDARD CERTIFICATE OF DEATH

State File No.

18553

4166

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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

3. (a) PRINT FULL NAME Henry Johe

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Julia Johe
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec 1 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business U.S Ordnance Depot

12. Name Adam Johe
13. Birthplace Uniontown S.C.
(City, town, or county) (State or foreign country)
14. Maiden name Elova Williams
15. Birthplace unknown S.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Johe
(b) Address Jefferson Ave, Kinloch, Mo

17. (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Raymond Buss

(b) Address So. Kinloch, Mo

19. (a) MAY 8 1946 J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 42 Jefferson
(If rural, give location) N.R.O.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 10 minute 12 P.M.

21. I hereby certify that I attended the deceased from Mar. 30, 1946, to May 2, 1946
that I last saw him alive on May 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum Shock
Duration Unk

Due to _____

Due to _____

Other conditions None
(Include pregnancy, within 3 months of death)

Major findings: Of operations _____
Of autopsy No

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) (Specify type of injury)

23. Signature J. G. Bruffin (M.D. or other)
Address 2601 N Whittier Date signed 5/3/46

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

17451

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.....

Edward A. Flynn, Registered Apprentice No. *397*
working under my personal supervision.

Signed *Edward A. Flynn*

Licensed Embalmer No. *3522*

P. O. Address *3704 Quincy -*

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.