

FILED MAY 27 1946  
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Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis mo

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hower Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. one day  
(Specify whether \_\_\_\_\_)

In this community 3 yrs  
years, months or days

3. (a) PRINT FULL NAME Benola Johnson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 499-26-8594

4. Sex Female 3 5. Color or race col

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

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased 9 12 1924  
(Month) (Day) (Year)

8. AGE: Years 16 Months 7 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace tyrango Arkansas State  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Silvester Star

13. Birthplace Coonadan Ark State  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Bigon

15. Birthplace Memphis Tenn State  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Bayle

(b) Address 2632 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 16 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington P.K. C.

18. (a) Signature of funeral director Amelia Jackson

(b) Address 2649-51 Delmar Blvd

19. (a) MAY 17 1946 (Date received by registrar)

J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2632 Delmar Blvd  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1946 hour \_\_\_\_\_ minute 06 P.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 \_\_\_\_\_

Eclampsia

Due to Lytic Hepatitis

Due to non-tubercular

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeek (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 5/17/46

**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 *James A. Hunsell*.....

Licensed Embalmer No. *3532*.....

P. O. Address *3704 Hambley*.....

**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.