

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
FILED MAY 17 1946
Registration District No. **318**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **18560**
Registrar's No. **4236**

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis Kenloch
(If outside city or town limits, write "RURAL")
(d) Street No. 229 Saratoga
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUCY JOHNSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1946 hour 3 minute 55 A M.
21. I hereby certify that I attended the deceased from
April 4, 1946, to May 7, 1946
that I last saw h. ar. alive on May 7, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 17 1884
(Month) (Day) (Year)

Immediate cause of death
Cerebral Accident
Due to _____
Due to _____
Other conditions: None
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 0 Days 20 If less than one day _____ hr. _____ min.
9. Birthplace Barber Lugo Co. Miss
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
10. Usual occupation Housewife
11. Industry or business _____
12. Name Frank Stapp
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Hellie Coleman
15. Birthplace Miss
(City, town, or county) (State or foreign country)

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) Means of injury _____
23. Signature O. Leon J. Ayer (M. D. or other) _____
Address 2601 N Whittier St Date signed 5/8/46

16. (a) Informant Daniel Johnson
(b) Address 229 Saratoga St.
17. (a) Burial (b) Date thereof 5-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Episcopal Church
18. (a) Signature of funeral director John H. Thompson
(b) Address 401 S. F. Johnson & Co. St. Louis
19. (a) MAY 10 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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

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 Charles L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Hamble

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.