

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 001 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34791**
Registrar's No. **3109**

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 8-6-46**
(Specify whether
In this community **19 Years**
years, months or days)

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. **2108 Delmar**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT **JOHNSON, Chester W.**
FULL NAME
3. (b) If veteran, name war **World I** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Geraldine Johnson** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **January 2 1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **Joseph Johnson**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mattie Roney**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**
17. (a) (Burial, cremation, or removal) _____ (b) Date thereof **10-28-46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Nation Cemetery**

18. (a) Signature of funeral director **Pinkie Toney Und. Co.**
(b) Address **St. Louis, Missouri**
19. (a) **10-24-46** (Date received local registrar) (b) **Ruth J. Allen** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **21**
year **1946** hour **9:50** minute **P** M.

21. I hereby certify that I attended the deceased from **8-6-46**, 19____, to **10-21-46**, 19____, that I last saw him alive on **October 21**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **BRONCHOGENIC CARCINOMA OF LUNG** Duration **UNK**
Due to _____
Due to _____

Other conditions **ARTERIOSCLEROSIS, GENERALIZED UNK**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **No Operation**
Of autopsy **No 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) **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 _____ (Specify type of place) (c) Means of injury _____
23. Signature **L. E. STILWELL, M.D.** (M. D. or other) _____
Address **Vet. Adm. Hosp. Jeff. Brks., Mo.** signed **10-22-46**

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

FEB 14 1947

OCT 31 1946

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.....

Clark Young

Licensed Embalmer No.

3371

P. O. Address.....

St. Louis

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.