

FILED DEC 24 1946 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10650

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:
D) City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 27 das.
16 months (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HENDERSON JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 6 7 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>35</u>	<u>5</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Alex. Johnson

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

14. Maiden name Mandy

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

16. (a) Informant 5400 Arsenal St

(b) Address _____

17. (a) Burial (b) Date thereof 12/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Chas. E. Kates

(b) Address 3030 Bell Ave

19. (a) Dec 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DOU
(c) City or town St. Louis 22nd
(If outside city or town limits, write "RURAL")
(d) Street No. 822 S. 14th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) U
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1946 hour 6:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 7 1946 to December 4 1946
that I last saw him alive on December 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Intestinal Obstruction with
Gangrene 3 das
XXX Paresis 1946x.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy yes
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. Schlenker (M. D. or other) _____
Address 5400 Arsenal St Date signed 12/6/46

3030 Res.
Sett.

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.....

Ethel K. Harris

Registered Apprentice No. *416*

working under my personal supervision.

Signed.....

H. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address. *4575 Alder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.