

**FILED DEC 17 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(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 7 days  
In this community 7 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 060  
(c) City or town St. Louis 2/17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2238 Washington 5  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Johnson  
(b) If veteran, name war no  
(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 Minnie  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Aug. 8, 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 3 24 hr. min.  
28

9. Birthplace Long Veiu, Tex.  
(City, town, or county) (State or foreign country)

10. Usual occupation job work

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

MOTHER FATHER  
12. Name Billy Johnson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Johnson  
(b) Address 2616 Gamble Street

17. (a) Burial (b) Date thereof Dec. 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) DEC 5 1946 (Date received by Registrar) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 2  
year 1946 hour 2 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Nov. 25, 1946, to Dec. 2, 1946,  
that I last saw him alive on Dec. 2, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis with Cavitation  
Duration 1 year.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E. B. Williams (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier St. Date signed 12/4/46

**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 *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.**