No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11049
3529

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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 Mo. Pac. Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Tennessee (b) County Madison 999
(c) City or town Jackson 40
(If outside city or town limits, write "RURAL")
(d) Street No. 204 Middleton St., N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Jack Johnson, Jr.
3. (b) If veteran, name war No.
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 Willie Mae Rainer 5/3/39
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Feb. 3, 1919 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
28	1	29	hr. min.

9. Birthplace Denmark, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Section Laborer
11. Industry or business G. M. & O. R. R. Co.
FATHER
12. Name Jack Johnson, Sr.,
13. Birthplace Denmark, Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fidellar Ingram
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Willie Mae Johnson
(b) Address 204 Middleton St., Jackson, Tenn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Denmark, Tenn.
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) APR 2 1947 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2 year 47 hour 11 00 minute A. M.

21. I hereby certify that I attended the deceased from 3/28, 1947 to 4/2, 1947 that I last saw him alive on 4/2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure due to Prolonged Intracranial Pressure.	4 hr
Due to Cerebellar Neoplasm Right	4 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Decortication started but stopped as patient went
Of autopsy Hall, ventriculogram attempted.

PHYSICIAN
Underline the cause of 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) (C)
While at work? Means of injury

23. Signature Laura F. Hughes (M. D. or other) M.D.
Address Mo Pac. Hosp. Sthern Date signed 4/2

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1952

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.