

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 31 1947**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

State File No. **11050**  
Registrar's No. **2898**

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1643 Sublette  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Marshie Johnson None

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** Negro

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Robert Johnson **6. (c) Age of husband or wife if** deceased  
alive \_\_\_\_\_ years

**7. Birth date of deceased** Nov. 30th 1880  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>46</u>	hr. _____ min. _____

**9. Birthplace** Murphysboro Ill.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

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

**12. Name** William Bonds

**13. Birthplace** Brownville Tenn.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Rachel ?

**15. Birthplace** Brownville Tenn.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Helen Johnson

**(b) Address** 1643 Sublett

**17. (a) Burial** **(b) Date thereof** 3/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Greenwood Cemetery

**18. (a) Signature of funeral director** E. B. Williams

**(b) Address** 1221 N. Grand Blvd.

**19. (a) MAR 18 1947** **(b)** J. H. Credack  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Mar. day 16  
year 1947 hour 8 minute 5 A. M.

**21. I hereby certify that I attended the deceased from** 2-27, 1947, to 3-16, 1947;  
that I last saw her alive on Mar. 16, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Decomensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ **(Specify type of place)**

**23. Signature** Edw. B. Williams **(c) Means of injury** 0  
(M. D. or other)

Address 2601 N Whittier Date signed 3/17/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

*Leroy U. Bannister*, Registered Apprentice No. *405*  
working under my personal supervision.

Signed.....

*James A. Simpson*  
Licensed Embalmer No. *3522*

P. O. Address.....  
*3506 Franklin*

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.