

Registration District No. 318 Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. 30 mins.
(Specify whether
In this community
years, months or days)

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. 505 S. 23 rd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant Johnson
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 4 20 47
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 20
year 1947 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from 9:20 A.M.
4-20- 1947 to 11:50 A.M. 1947;
that I last saw him alive on 4-20- 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration.....

8. AGE: Years Months Days If less than one day
2 hr. 30 min.

Due to Unknown
Due to Unknown

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation.....

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER

11. Industry or business.....
12. Name Willie Johnson
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Wilma Hamilton
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Father M. Sheard, R.R.
(b) Address 2601 N. Whittier
17. (a) Anatomical Board Date thereof 5-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director W. Kuttner
(b) Address 3500 Ridge St.
19. (a) MAY 2 1947 (b) J.F. Brueck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....
23. Signature W.P. Druebler (M. D. or other) 4-23-47
Address 2601 N. Whittier Date signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.