S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18991

FILED JUN 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5617

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

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ovo

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

(d) Street No. 3146a Pine
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ella Johnson

3. (b) If veteran, name war

3. (c) Social Security No. 333-12-3210

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John A Johnson

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept (Month) 16 (Day) 1912 (Year)

8. AGE: Years 34 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name Crawford Willingham
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Ella Yarber
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Ella Willingham
(b) Address

17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 6-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cairo, Ill.

18. (a) Signature of funeral director Atkins Und. Co.
(b) Address 3644 Finney

19. (a) JUN 7 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th 5th
year 1947 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 5-20, 1947 to 6-5, 1947
that I last saw her alive on 6-5-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism (Infected) 2 weeks
Virus Pneumonia (bilateral) 3 weeks

Due to Pregnancy (delivered still born) 5-20-47

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 1/47

Of autopsy None performed

Duration

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)

While at work? (e) Means of injury

23. Signature L. Elizabeth Courtney (M. D. or other) M.D.

Address 4602A Pay Blvd. Date signed 6-6-47

L. Elizabeth Courtney

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.