S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18993

Registrar's No. 5554

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 11 days (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. 3043 Pine St
21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wesley Johnson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 15 (Day) 1888 (Year)

8. AGE: Years 58 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Ala (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name John Johnson
13. Birthplace Huntsville (City, town, or county) Ala (State or foreign country)
14. Maiden name Martha Patton
15. Birthplace Huntsville (City, town, or county) Ala (State or foreign country)
16. (a) Informant Fannie M. Jones
(b) Address 185 1/2 18th St Birmingham 8, Ala
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Rehdle & Son
(b) Address 3133 Bell Ave
19. (a) JUN 5 1947 (Date received local registrar) (b) J. Z. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1947 hour 6 minute 35 P M.
21. I hereby certify that I attended the deceased from May 21, 1947, to June 1, 1947, that I last saw him alive on June 1, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations
Of autopsy Yes

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 Edw. E. Williams (M.D. or other)
Address 2601 N Whittier Date signed 6/3/47

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 L. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.