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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 8 1947  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25689  
Registrar's No. 7087

Registration District No. 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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 24 yrs  
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. 1432 Whittier  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Annie Johnson  
3. (b) If veteran, name war No.  
3. (c) Social Security No.

4. Sex Female  
5. Color or race Colored  
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 June 29 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 0  
If less than one day hr. min.

9. Birthplace Unk Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business --

MOTHER FATHER

12. Name Orday Johnson

13. Birthplace Unk Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Unk Sealey

15. Birthplace Unk Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Orday Johnson

(b) Address 1432 W. Whittier

17. (a) Burial (b) Date thereof 8 1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Orso

(b) Address 3704 Lantana J. F. Bredeck

19. (a) JUL 31 1947 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1947 hour 10 minute 47 P.M.

21. I hereby certify that I attended the deceased from July 26, 1947, to July 29, 1947;  
that I last saw her alive on July 29, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Accident  
Duration Unk

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

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)  
(e) Means of injury  
23. Signature Of Daniels (M. D. or other)  
Address 2601 N. Whittier Date signed 7/30/47

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.....  
*Beatrice Lopez # 469*, Registered Apprentice No.....  
working under my personal supervision.

Signed *Edward A. Flynn*

Licensed Embalmer No. *4144 H*

P. O. Address *454 8th Ave*

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.

*Room 5550*