

FILED AUG 13 1947

State File No. _____

Registration District No. 31

Primary Registration District No. 6076

Registrar's No. 1687

1. PLACE OF DEATH:

(a) County: Saint Louis

(b) City or town: South Kinloch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Carson Rd Nr Mc Arthur Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saint Louis

(c) City or town: South Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No.: Carson Rd nr Mc Arthur Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: WILL JOHNSON

3. (b) If veteran, name war: None

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: Col

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

6. (b) Name of husband or wife: Ama Johnson

6. (c) Age of husband or wife if alive: 50 years

Immediate cause of death: _____
Cause unknown

Duration _____

7. Birth date of deceased: 25 August 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 4
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace: Tunica, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: General

Major findings:
Of operations: _____

Of autopsy: _____

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

MOTHER FATHER { 12. Name: David Johnson

13. Birthplace: Lake Washington, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name: Harriet (unknown)

15. Birthplace: Lake Washington, Miss.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Ama Johnson

(b) Address: South Kinloch, Mo.

17. (a) Burial (b) Date thereof: 4 Aug 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

23. While at work? _____ (Specify type of place) _____
Means of injury: _____

Signature: Robert L. Shyer (M. D. or other)
Address: Commissioner of Health Date signed: 8-2-47

18. (a) Signature of funeral director: Boyd Brothers

(b) Address: South Kinloch, Mo.

19. (a) 8-4-47 (b) _____
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD!

8-11-47
6-24-47
1-30

117 137947

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 Edward C. Flynn

Licensed Embalmer No. 4444

P. O. Address. 4548⁵ Pop Blvd

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.

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