

National Office of Vital Statistics

FILED SEP 2 1947
Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 7988

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 5 days
(Specify whether

In this community.....
years, months or days)3. (a) PRINT FULL NAME Sam Johnson3. (b) If veteran,
name war.....3. (c) Social Security No.
mm

4. Sex Male Color or race Col
6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
30 (Day) 18 (Year)
7. Birth date of deceased.....
5 (Month) 30 (Day) 18 (Year)

8. AGE: Years 66 Months 2 Days 19 If less than one day
hr. min.9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Lessal Johnson13. Birthplace Fayette Tenn
(City, town, or county) (State or foreign country)14. Maiden name Sallie Wilkerson15. Birthplace Tenn
(City, town, or county) (State or foreign country)16. (a) Informant Rev. J. A. Johnson(b) Address 2643 Lakes Ave17. (a) Washburn Park (b) Date thereof 8-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial18. (a) Signature of funeral director Caroline Toney(b) Address 3129 Lucas Ave19. (a) AUG 23 1947 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County jac
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. # 28 a So Channing
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
18
- If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1947 hour 10 minute 12 A. M.21. I hereby certify that I attended the deceased from
Aug. 14 1947 to Aug. 19 1947;
that I last saw im alive on Aug. 19 1947
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia
Generalized Arteriosclerosis
Duration Undet
Undet.

Due to.....

Due to.....

Other conditions Pulmonary Sclerosis
(Include pregnancy within 3 months of death) Undet.Major findings:
Of operations.....Of autopsy No

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..... (Specify type of place)

Signature Opas J. Daniels (M. D. or other) 0Address 2601 NWhittier St Date signed 8/20/47

4988

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 *Ross V. [Signature]*

Licensed Embalmer No. 2842

P. O. Address 3644 Fenwick

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.

Registration District No. 314

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:

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

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive may 30
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 27 Days 19 If less than one day hr. min.

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

10. Usual occupation the

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 1947 year hour 10 minute 19 M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death.....

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

Duration
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..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

529176