S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35900

FILED OCT 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9283

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 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. 817 N Leffingwell
(If rural, give location)
21
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Johnson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Unk 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 10 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	9	22	hr. min.

9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name J. Johnson
13. Birthplace Georgia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizebeth Jackson
15. Birthplace Jackson Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Mabie Johnson
(b) Address 2830 Franklin Ave
17. (a) Jackson, Miss. (Burial, ~~cremation~~ or removal) (b) Date thereof 10 (Month) 6 (Day) 47 (Year)
(c) Place: burial or ~~cremation~~ Jackson, Miss
18. (a) Signature of funeral director F. A. Green
(b) Address 2714 Delmar
19. (a) OCT 7 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1947 hour 1 minute 1 A.M.

21. I hereby certify that I attended the deceased from Sept. 23, 1947, to Oct. 2, 1947 that I last saw her alive on October 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 0

23. Signature Oscar J. Daniels (M. D. ~~or other~~)
Address 2601 N Whittier Date signed 10-2-47

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 Gaylon H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.