No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2682

Registrar's No. 313

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: 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1703 Goode 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Virginia Johnson

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Female 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widow 2

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

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

7. Birth date of deceased: April (Month) 4 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	4	hr. min.

9. Birthplace: Lexington, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Paul Coleman
13. Birthplace: Frankfort, Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amie Freemwn
15. Birthplace: Lexington, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Bessie E. Coleman
(b) Address: 1703 Goode Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Chas. J. Gates
(b) Address: 4107 Finney Avenue

19. (a) JAN 12 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 2, 1948 to Jan. 8, 1948
that I last saw her alive on Jan. 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	Undet.
Due to	
Due to	
Other conditions: Pyelonephritis; Bilateral (Include pregnancy within 3 months of death)	
Renal Cysts	

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: 0

23. Signature: Oscar L. Daniels (M. D. or other)
Address: 2609 No Whittier Date signed: 1/9/48

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 John K. Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.