

FILED FEB 9 1948 318

Registration District No. _____ Primary Registration District No. **1003**

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..... **St. Mary's Infirmary** **0**
(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..... **Life**
years, months or days)

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

4. Sex..... **Female** 5. Color or race..... **Negro**
 6. (a) Single, widowed, married, divorced..... **Widow**
 6. (b) Name of husband or wife..... **William Johnson**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **September 6 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 21 hr. min.

9. Birthplace..... **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Robert Shoulders** **?**

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

14. Maiden name..... **Rebecca Torrence**

15. Birthplace..... **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Robert Shoulders**

(b) Address..... **4579 Enright Avenue**

17. (a) **Burial** (b) Date thereof..... **1/31/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cem.**

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

19. (a) **JAN 29 1948** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **0-0**
 (c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4162a Enright Avenue** **9**
(If rural, give location)
 (e) Citizen of foreign country?..... **No** **0**
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **27**
 year..... **1948** hour..... **11** minute..... **40 A.M.**

21. I hereby certify that I attended the deceased from **Jan 24**
 19 **48** to **Jan 27**, 19 **48**
 that I last saw her..... alive on..... **Jan 27**, 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hypertensive Encephalopathy**
 Duration **3 days**

Due to..... **Hypertensive Cardio-vascular disease** **?**

Other conditions..... **Diabetes Mellitus** **3**
(Include pregnancy within 3 months of death)
Cirrhosis of Liver

Major findings: **601**
 Of operations.....
 Of autopsy.....

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..... **M. A. Cloyd, M.D.** (M. D. or other).....
 Address..... **1105a N. Sarah St.** Date signed..... **1-28-48**

PHYSICIAN

 Underline the cause of which death should be charged statistically.

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.....

Thomas J. Gates

Registered Apprentice No.

working under my personal supervision.

Signed

Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 77

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.