

FILED MAR 4 1948

318

Primary Registration District No.

1003

Registrar's No. 1843

1. PLACE OF DEATH:

(a) County St. Louis
(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
(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 ELVLE JOHNSON

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 2. Color or race Negro
5. Color or race Negro
6. (a) Single, widowed, married, divorced Child
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 28, 1947
(Month) (Day) (Year)

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

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Roy Johnson

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

14. Maiden name Annie Belle Haymer

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

16. (a) Informant Annie Belle Haymer

(b) Address 2735 Tudor Ave.

17. (a) Removal
(Burial, cremation, or removal) (b) Date thereof 2/24/48
(Month) (Day) (Year)

(c) Place: burial or cremation St. Clair County, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Leclade

19. (a) FEB 24 1948 (b) J. F. Braseak
(Date received local file) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2735 Tudor Ave.
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour _____ minute 15
21. I hereby certify that I attended the deceased from 2-17, 1948, to 2-29, 1948.

that I last saw him alive on 2-29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (Bilateral)
Due to Heartless
Due to _____

Other conditions (include pregnancy within 3 months of death) ///

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 0
23. Signature [Signature] (M. D. or other) MD
Address 1433 East Bldg Date signed 2/21/48

Duration few days
5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

P. M. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Sacldean

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.