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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10322
3166
Registrar's No.

FILED APR 7 1948

Registration District No. 318

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:
HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOMER G. PHILLIPS
(Specify whether
In this community..... 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County..... COO
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3958 W. BELLE 9
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME JAMES CLINTON JOHNSON

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

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NONE years
7. Birth date of deceased..... 5 2 - 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 10 26 hr. min.

9. Birthplace..... BROWNVILLE, TENN 1
(City, town, or county) (State or foreign country)

10. Usual occupation WRITER

11. Industry or business HOTEL

12. Name JAMES H. JOHNSON
13. Birthplace..... BROWNVILLE TENN 1
(City, town, or county) (State or foreign country)
14. Maiden name JESSIE L. TAYLOR
15. Birthplace..... BROWNVILLE TENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alma M. Johnson
(b) Address..... 4316 FAIRFAX
17. (a) BURIAL (b) Date thereof..... 4-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON P. (CEMETERY)
18. (a) Signature of funeral director BOYD BROS
(b) Address..... 3704 FINNEY AVE
APR 1 1948 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 28 day work
year..... 1948 hour..... 1 minute..... 30 A. M.

21. I hereby certify that I attended the deceased from.....
..... 19....., to..... 19.....;
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Stroke
and brain sloughed with some
in the head before he died
(died) when he placed
himself in way out his house
3958 W. Belle Place Brownville 11:35
PM usual 27 1948

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations..... 1/18
Of autopsy.....
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)..... Justifiable Homicide
(b) Date of occurrence..... 3/27/48
(c) Where did injury occur?..... at home in
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... Home
(Specify type of place)
While at work?..... (e) Means of injury..... above
23. Signature..... Thomas P. Callahan (M.D. or other)..... 3
Address..... Power Date signed..... 3-31-48

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

MOTHER FATHER

SEP 1 1949

SEP 1 1949

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 _____

Edward C. Flynn
_____, Registered Apprentice No. 107
working under my personal supervision.

Signed _____

Edward C. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 9th

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.

R. 5550