

0.2  
-45  
-39  
K47070

State File No. 2492  
Registrar's No.

Registration District No. 318 Primary Registration District No. 7003

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution 4606 St Ferdinand  
(d) Length of stay: In hospital or institution 25 Yrs  
In this community 25 Yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4606 St. Ferdinand  
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME Raymond Odellia Johnson  
3. (b) If veteran, name war World One  
3. (c) Social Security No. 492-03-7880

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 18th year 11 hour 45 minute 9 M.

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Annie B.  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Dec. 26 1899

21. I hereby certify that I attended the deceased from Nov. 1947 to 3-11 1948  
that I last saw him alive on 3-5-48 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 2 Days 15

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension

9. Birthplace Whiteville Tenn  
10. Usual occupation Porter

Other conditions  
Major findings: Of operations  
Of autopsy

11. Industry or business  
12. Name Burl Johnson  
13. Birthplace Tenn  
14. Maiden name Berdie White  
15. Birthplace Tenn

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Annie B Johnson  
(b) Address 4606 St Ferdinand  
17. (a) Burl (b) Date thereof Mar. 17 48  
(c) Place: burial or cremation Jefferson Barricks, MO

While at work? (Specify type of place) (a) Means of injury  
23. Signature J. F. Braddock (M. D. or other)  
Address J. F. Braddock

18. (a) Signature of funeral director S. J. Watson  
(b) Address 2769 Chouteau  
19. (a) Date received local registrar (b) Registrar's signature

Date signed 3-12-48

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.....

*S. J. Watson*

Licensed Embalmer No. 2698.....

P. O. Address. 2769 Chouteau.....

**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.**