

FILED MAY 7 1948 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4068

1. PLACE OF DEATH:

(a) County St. Louis MO

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2226 Hickory St
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 2226 Hickory St
22 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Purtis Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 3-8-1948

7. Birth date of deceased: (Month) 3 (Day) 8 (Year) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

9. Birthplace: St. Louis MO (City, town, or county) (State or foreign country)

10. Usual occupation: unemployed

11. Industry or business: unemployed

12. Name: Walter

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

14. Maiden name: Walter

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

16. (a) Informant: Thos. F. Galloway

(b) Address: 1300 1/2 N. W. 11

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof APR 20 1948 (M.D. or other) APR 20 1948

(b) Place: burial or cremation: Rowland Mortuary Service

18. (a) Signature of funeral director: Rowland Mortuary Service

(b) Address: 4104 Manchester Ave.

19. (a) APR 30 1948 (Date received local registrar) J. J. Brennan (Registrar's signature)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Status Lymphaticus

Due to: W. Thymaticus

Due to: _____

Other conditions (Include pregnancy within 2 months of death): _____

Major findings: W. M. R.

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____ Underline the cause to 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? _____

While at work? _____ (Specify type of place) _____

(b) Means of injury: 3

23. Signature: Frank E. [unclear] (M. D. or other) _____

Address: 1422 [unclear] Date signed: 3/24/48

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.