S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14268

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4360

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: IN ROUTE TO Homer Phillips
(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 Missouri (b) County 620

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2623 Delmar 9
(If rural, give location)

21 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Frankie Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Colored

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

6. (b) Name of husband or wife Maryland Johnson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 2 (Day) 1903 (Year)

8. AGE: Years 45 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Carthage, Mo (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Mr. U. Taylor ?
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace Carthage, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Maryland Johnson
(b) Address 2623 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Park

18. (a) Signature of funeral director Pinkie L. Toney
(b) Address 3129 Lucas Ave.

19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Bradeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/26, 1948, to 5/3, 1948
that I last saw her alive on 5/3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Myocardial Insufficiency 5 days

Due to

Due to Toxic Goiter

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NO

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)

(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

23. Signature J. Phillips M. D. or other

Address 822 N. Jefferson Date signed 5/7/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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.**