FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21706

Registrar's No. 1624

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

6
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0

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 312 days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2834 Franklin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHNSON, LILLIAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 22 (Day) 1921 (Year)

8. AGE:

Years	Months	Days	If less than one day
27	4	4	hr. min.

9. Birthplace Helena (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Helena (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Finella Green
15. Birthplace Helena (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 / 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green
(b) Address 4214 Delmar

19. (a) 7-1-48 (Date received local registrar) (b) Carl J. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 1 minute 19 P. M.

21. I hereby certify that I attended the deceased from 8-19-47, 19..., to 6-26-48, 19...;
that I last saw her alive on 6-26-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 yr. (???)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b

Major findings:
Of operations
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)
(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 Bernard Friedman (M. D. or other) MD
Address Robert Koch Hospital Date signed 6-28-48

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 Dayton H. Lemon, Registered Apprentice No. 101, working under my personal supervision.

Signed F. G. Green

Licensed Embalmer No. 2963

P. O. Address 4217 Delmar

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.