FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24411 6585

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 369 North 26th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

999 11 6 2

3. (a) PRINT FULL NAME LILLIE BELLE JOHNSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Johnson
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 4 (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
37	0	11	hr. min.

9. Birthplace Rankins County (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at home
MOTHER FATHER
12. Name Jesse Wilson
13. Birthplace Rankins County (City, town, or county) Miss. (State or foreign country)
14. Maiden name Lillie Belle Beals
15. Birthplace Hines County (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Charles Johnson
(b) Address 369 N. 26th St., E. St. Louis, Ill.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director J. T. Marshall
(b) Address 2205 Missouri, E. St. Louis, Ill.
19. (a) JUL 19 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1948 hour 3 minute 00 P. M.
21. I hereby certify that I attended the deceased from 7/13/48, 19..; to 7/15/48, 19..; that I last saw h. alive on 7/14/48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxic Myocarditis	
Due to: Toxemia	
Due to: Pelvic Peritonitis	
Other conditions: Non-puerperal (Include pregnancy within 3 months of death)	

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 Edgar F. Weidner M.D. (M. D. or other)
Address 2 Doctors Bldg East St. Louis Ill. Date signed 7/17/48
Edgar F. Weidner
East St. Louis Ill. 9 S. R. 2nd St

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.