

FILED SEP 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7434

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: 3414 Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Catherine Johnson

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, widow

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

6. (c) Age of husband or wife if

alive May 16 1880
(Month) (Day) (Year)

7. Birth date of deceased

8. AGE:

Years

Months

Days

If less than one day

68

3

6

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Miss.

10. Usual occupation

Domestic

11. Industry or business

12. Name

Marie Whitfield

13. Birthplace

(City, town, or county)

(State or foreign country)

Miss.

14. Maiden name

unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

Miss.

16. (a) Informant

Porter Benson

(b) Address

3414 Laclede

17. (a) Burial, cremation, or removal

Burial

(b) Date thereof

9-27-48
(Month) (Day) (Year)

(c) Place: burial or cremation

Washington Park

18. (a) Signature of funeral director

Atkins Bros. Unl. Co.

(b) Address

3644 Finney Ave.

19. (a) AUG 25 1948 (Date received local registrar)

(b) J. F. Bradack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3414 Laclede (If rural, give location) 9
18
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 48 hour 6 minutes 35 A.M.

21. I hereby certify that I attended the deceased from Aug. 13, 1948 to Aug. 22, 1948
that I last saw h. or alive on Aug. 21, 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions

(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 Marion H. Little (M. D. or other) M.D.
Address 3167 Sheridan Date signed 8-24-48

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.....

Louis V. Atkins

Licensed Embalmer No..... *2842*

P. O. Address..... *3644 Finner*

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.