

FILED SEP 13 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County...  
(b) City or town... St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution... Homer Philipps Hosp  
(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

3. (a) PRINT FULL NAME

3. (b) If veteran, name war...

3. (c) Social Security No. none

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... Aug 22-1948  
(Month) (Day) (Year)

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

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

10. Usual occupation... none

11. Industry or business

12. Name... Walter Johnson

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

14. Maiden name... Mildred Marbra

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

16. (a) Informant... Annie Marbra

(b) Address... 2715 Mills St

17. (a) Burial, cremation, or removal... Burial

(b) Date thereof... 9-1-48  
(Month) (Day) (Year)

(c) Place: burial or cremation... Washington East

18. (a) Signature of funeral director... Atkins Bros

(b) Address... 3644 Frimley Ave

19. (a) SEP 1 1948 (Date received local registrar)

(b) J. J. Breach (Registrar's signature)

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. 2715 Mills St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th  
year 1948 hour 12:00 minute NOON M.

21. I hereby certify that I attended the deceased from...  
19... to... 19...  
that I last saw him... alive on... 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death... Atelectasis.  
Duration

Due to...

Due to... 1612

Other conditions...  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations...

Of autopsies...

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? (Specify type of injury)

23. Signature... (M. D. or other)

Address... Date signed... 9/1/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

*not Embalmed*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.