

No. 300
1-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34309**
Registrar's No. **8815**

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1257 N. Euclid 1
(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 EDWARD S. JOHNSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-14-4769

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA MAE JOHNSON 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased JAN. 7 1906
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Demopolis ALA 1
(City, town, or county) (State or foreign country)
10. Usual occupation LABOR

11. Industry or business _____
MOTHER FATHER { 12. Name EDWARD S. JOHNSON
13. Birthplace Demopolis ALA 1
(City, town, or county) (State or foreign country)
14. Maiden name MINNIE Beall
15. Birthplace _____ MISS 1
(City, town, or county) (State or foreign country)

16. (a) Informant ELLA MAE JOHNSON
(b) Address 1257 N Euclid
17. (a) BURIAL (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PK.

18. (a) Signature of funeral director Peoples
(b) Address 3100 FRANKLIN AV
19. (a) OCT 11 1948 (b) J. B. Labater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1257 N Euclid 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 8 M. 4 P.M. year 1948 hour _____ minute _____
21. I hereby certify that I attended the deceased from October 6, 1948 to October 8, 1948,
that I last saw him alive on October 6, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____
Due to unknown

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury D
23. Signature L. F. Brooks (M. D. or other) _____
Address 2746a Finckle Ave. Date signed 10/11/48

Separate Embalming Cert to be filed

OCEA 11 1946

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.