

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sonny Johnson
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male
 5. Color or race Col
 6. (a) Single, widowed, divorced widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 10/10/1917
(Month) (Day) (Year)

8. AGE
 Years abt 60 Months 11 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Lee Holmes
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Lee Holmes
 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Walters Holmes
 (b) Address route 4 Box 290

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10/19/48
(Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery
Herman W. Labadie

18. (a) Signature of funeral director Herman W. Labadie
 (b) Address 4247 W Labadie Ave

19. (a) OCT 19 1948
(Date received local registrar) (b) J. B. Lusater
(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. 5373 Cabany
(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 15
 year 1948 hour 11 minute 50 a. m.

21. I hereby certify that I attended the deceased from Oct. 10, 1948, to Oct. 15, 1948,
 that I last saw him alive on Oct. 15, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
 Duration Undet.

Due to _____
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None
 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)
 (a) Means of injury _____
 23. Signature Escott Daniels
(M.D. or D.O.)
 Address 2601 N Whittier
 Date signed 10/19/48

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 Lawrence O. Johnson

Licensed Embalmer No. 4341

P. O. Address St. Louis

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.