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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38279

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10024

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: Enroute to Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: About 25 years 3

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ~~St. Louis~~ 510

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 108 No. 8th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: BOYD JOHNSON

3. (b) If veteran, name war: None

3. (c) Social Security No. .....

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: 4 (Month) 7 (Day) 1892 (Year) 1

8. AGE: Years 56 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Clarksville (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: Janitor

11. Industry or business: 108 N. 8th St.

FATHER
12. Name: IKE JOHNSON
13. Birthplace: Clarksville (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name: ELIZA POSTON
15. Birthplace: Clarksville (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant: Louise Sherrod
(b) Address: 2321 Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Bennie Lowe
(b) Address: 3103 Washington Ave.

19. (a) NOV 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14, year 1948 hour 5:57 PM minute ..... 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: Lobar Pneumonia (Left) — Duration

Due to: 168

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? (Specify type of place)
While at work: 3 (e) Means of injury: .....

23. Signature: Ulrich Berry (M. D. or other)
Address: [illegible] Date signed: 11-19-48

(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.....

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

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.