

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13872
State File No. 6830
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis	
c. LENGTH OF STAY (in this place) 1 wk.		d. STREET ADDRESS (If rural, give location) 1409 Baker Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			

3. NAME OF DECEASED (Type or Print) Albert Johnson			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1949					
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 29	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt Railroad		11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME George Johnson		13b. MOTHER'S MAIDEN NAME Sarah Cox		14. NAME OF HUSBAND OR WIFE Rosie Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World-1		16. SOCIAL SECURITY NO. 329-10-8397		17. INFORMANT'S SIGNATURE OR NAME Rosie Johnson		ADDRESS 1409 Baker Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) 102			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from April 1, 1948, to April, 1949, that I last saw the deceased alive on 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <i>Will [Signature]</i>		(Degree or title) V		23b. ADDRESS 5337 Maple		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 2, 1949		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	
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DATE REC'D BY LOCAL REG. APR 25 1949		REGISTRAR'S SIGNATURE <i>J. B. Farster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>P. J. Crigger</i>		ADDRESS 1836 Tudor ave St. Louis Ill.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 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.