

RECD APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8657
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **2422**
 or **St. Louis**
 (c) City (d) Street No. **Homer Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **28** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **401 Cecil Hall**

(a) Residence, No. **4430 Garfield** St. **III**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1907				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	31	2	20	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Lewis Johnson			
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Fannie Hall			
	16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE 3/14/39 19 39				
19. FUNERAL DIRECTOR (NAME) John Riley (ADDRESS) 3755 7th				
20. F. MAR 14 1939 J. J. ... Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 8** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 14** 19 **39**, to **March 8** 19 **39**

I last saw h. **im** alive on **March 8** 19 **39** Death is said to have occurred on the date stated above, at **1:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of nose with metastasis to lymph nodes

Date of onset

1/14/39

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **H. J. ...** M. D.
 (Address) **2601 N Whittier**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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, above space should be left blank.