

FILED OCT 22 1943 818

State File No.

9018

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1089 S. Theresa Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1089 S. Theresa Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nettie Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Johnson 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased March 27 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 11 hr. _____ min.

9. Birthplace Clarksdale Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

MOTHER FATHER

12. Name John Evans

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Annie

15. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Kitzler

(b) Address 1089 S. Theresa Ave

17. (a) Burial (b) Date thereof 10-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jas. Harrison

(b) Address 2906 Hawthorn Blvd

19. (a) OCT 13 1943 (b) J. F. Burch
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 14
year 1943 hour 5:30 minute _____ M. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) PH

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 h

23. Signature Alfred Perry (M. D. or other)
Address 1089 S. Theresa Ave Date signed 10/14/43

WRITE PLAINLY—USE UNFADING 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Hazel

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.