

S. No. 2
—12-45
. 5-17-39
P. 1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

338731

State File No. _____

FILED DEC 9 1946
Primary Registration District No. 318

Primary Registration District No. _____

Registrar's No. 10207

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:
Honer 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 _____)
In this community _____
years, months or days)

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. 3319 a Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from
11-23, 1946, to 11-28, 1946.
that I last saw him alive on Nov. 28, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Cardiovascular Disease with Decompensation Undet.

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

Major findings:
Of operations _____
Of autopsy No

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)
(b) Means of injury _____
23. Signature E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 11/28/46

3. (a) PRINT FULL NAME Isaac Johnson

3. (b) If veteran, name war No 3. (c) Social Security No. 489-07-5268

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Johnson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 4 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant Lillie Johnson

(b) Address 3319 a Franklin Ave

17. (a) Removal (b) Date thereof 12-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Ill

18. (a) Signature of funeral director A. B. Williams

(b) Address 3517 Maple Ave
(c) Date received local registrar NOV 29 1946
(Registrar's signature) J. F. Bredek

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

MOTHER FATHER

Duration
Underline the cause to which death should be charged statistically.

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

A. M. Green

Licensed Embalmer No.

1173

P. O. Address

3517 Saelede Ave

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.