

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

Do not use this space.

16590

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City)

City Aspiral

File No.

Registered No. 4692

St. Ward)

2. FULL NAME

Johanna French

(a) Residence. No. 1435 W 16th St. 2 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John French

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) " "

14. INFORMANT Mrs. Helen Paquet (Address) 1435 W 16th St

15. FILED APR 23 1929 Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21st 19 29

17. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 8 25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock - Injury (Fracture of Brain + Crushed Chest) received in collision between auto + street car (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 28 (City) St. Louis
28 (City) St. Louis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 818 St. Louis
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H. Hines M.D.
4/23/29 (Address) Deputy coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Frederico DATE OF BURIAL April 25 19 29

20. UNDERTAKER Henry Linder ADDRESS 7417 N. Market St

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.

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