

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2340

1. PLACE OF DEATH

County St. Louis
Township Cornbluff
City (No. 9988, Lark)

Registration District No. 1123
Primary Registration District No. 6248 E

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 9988, Lark St., _____ Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bear-Steering Club

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Albert Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

15. MAIDEN NAME Aline Joris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Albert Johnson (ADDRESS) 9988 Lark Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Luth. DATE Jan 19, 1932

19. UNDERTAKER C. Hoffmeister & Co (ADDRESS) 2814 S. Broadway

20. FILED Jan 18, 1932 L. C. Ober Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1932 to Jan 15, 1932
I last saw her alive on Jan 14, 1932 Death is said to have occurred on the date stated above, at P.A.I.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia acute. Date of onset Jan 13

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence, fire) in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city, 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) D. H. Tate, M. D.

(Address) 9439 Edgar Ave St. Louis Mo.

