

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.

APR 25 1935

14180

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Webster Groves (No. 619)

Registration District No. 788  
Primary Registration District No. 4471  
Mildred

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anna Kristina Johnson  
(a) Residence, No. 619 Mildred St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF August Bernard Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 6 24

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

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Denmark

13. NAME Andrews Nielsen

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

15. MAIDEN NAME Anna Jorgensen

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

17. INFORMANT Hella Johnson (ADDRESS) 499 Maple St. Kirkwood

18. BURIAL PLACE Oak Hill DATE Apr 5 1935

19. UNDERTAKER Parker and Co (ADDRESS) Webster Groves

20. FILED Apr 4 1935 Jules R. Gore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2<sup>nd</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12<sup>th</sup> 1930 to April 2<sup>nd</sup> 1935

I last saw her alive on April 2 1935. Death is said to have occurred on the date stated above, at 9:35 P. m.

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

Hyperstatic pneumonia Date of onset 4/2/35  
Myocarditis 5 yrs

Other contributory causes of importance: Insufficiency of old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. 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? no  
If so, specify \_\_\_\_\_

(Signed) Hella Johnson, M. D.  
(Address) 600. Webster Groves

1944

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1944, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned is a member of the Federal Bureau of Investigation, and is authorized to certify the above list of names as correct.

J. Edgar Hoover  
 Director

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

**ALL INFORMATION CALLED  
FOR MUST BE WRITTEN IN  
DO NOT USE THIS SPACE  
THIS SUPPLEMENTARY**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 788  
Township \_\_\_\_\_ Primary Registration District No. 4471-  
City Webster Groves

File No. 14180  
Registered No. 32 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Anna Kristina Johnson  
(a) Residence, No. 619 Miedred St. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 11-30-35 Jules R. York Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Hypostatic Pneumonia Date of onset \_\_\_\_\_  
(Lobar)

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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) Herbert B. Lund, M. D.  
(Address) 600 Carleton Bldg.

**SUPPLEMENTARY**

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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