

Not be taken by coroner's (for purposes) to be OK'd.

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

Do not use this space.

1. PLACE OF DEATH **JAN 23 1936**
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033e
 City Clayton (No. St. Louis County Hosp) St. _____ Ward _____
 2. FULL NAME Esther Johnson
 (a) Residence, No. Estates Ave St. _____ Ward Kirkwood, Mo.
 (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.

File No. 40943
 Registered No. 356
 St. _____ Ward _____

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 Ezra Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-26-1896
 7. AGE YEARS 39 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Etley, Missouri
 13. NAME Adolph Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Etley, Missouri
 15. MAIDEN NAME Anna Calder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Ezra Johnson (ADDRESS) Kirkwood, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo. DATE Dec 27, 1935
 19. UNDERTAKER Louis H. Bopp (ADDRESS) Kirkwood, Mo.
 20. FILED 12/5 1935 Dr. A. J. Spaulding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-5, 1935
 22. I HEREBY CERTIFY, That I attended deceased from 12-1-35, 1935, to 12-5-35, 1935.
 I last saw her alive on 12-5-35, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Infarction of lung
180
 Date of onset 12-5-35
 Other contributory causes of importance:
Extension hernia of body & tobacco change
 Name of operating _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-1-35, 1935.
 Where did injury occur? Kirkwood, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
at home
 Manner of injury Extensive lacerations of face
 Nature of injury chest, abdomen & thigh
 Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. C. Greengard, M. D.
 (Address) St. Louis Co. Hosp Clayton, Mo.

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.



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1. PLACE OF DEATH

County St Louis
Township
City Clayton (No. _____)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. 356
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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) in

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, or _____ 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 3/5 1936 Deq J Signoret Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I first saw him _____ 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:

Infarction of lungs Date of onset

See Remorse 3/5/36

Other contributory causes of importance:

Extensive burns of body
Loose change

Name of operation _____ Date of _____

What test confirmed diagnosis? 180 Was there an autopsy? _____

23. If death was due to external causes (violence), or in also the following: Accident, suicide, or homicide? Accident 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. In home

Manner of injury Extensive burns of face
Nature of injury Chest abdomen thighs

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) _____, M. D.

(Address) St Louis Co Hosp Clayton mo
Table B. Deceased car.

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

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SUPPLEMENT

Esther Johnson was starting a fire in
Kitchen Range, by pouring kerosene on ^{kindling}
struck a match. An explosion followed, ^{setting} ~~catching~~
her clothing on fire. House was completely
burned.

5-40943