OCT 14 1937

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

32441
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8495
(c) City ST. LOUIS (d) Street No. 733 THRUSH AVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 44 rs. 2 mos. 14 ds. (f) How long in U. S., if of foreign birth? 44 rs. 2 mos. 14 ds.

2. PRINT FULL NAME NOLA JOHNSON
(a) Residence, No. 733 THRUSH AVE St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: THAD JOHNSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 23-1893
7. AGE: 35 YEARS: 44 MONTHS: 2 DAYS: 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Work
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WORK
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): BLAIRSTOWN Mo.

FATHER
13. NAME: FRANK WALBY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: MARY ELIZEBETH BROWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): THAD JOHNSON 733 THRUSH AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE: FRIEDENS CEM. DATE: SEPT. 10 1937
19. FUNERAL DIRECTOR (ADDRESS): DIEDRICH FUNERAL HOME 8319 Halls Ferry Rd.
20. SEP 9 1937 19 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1932 to September 7, 1937 (I last saw her alive on September 7, 1937. Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral regurgitation	1932

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Other contributory causes of importance: not known

Name of operation none Date of .....
What test confirmed diagnosis? Unpaid Was there an autopsy? no

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 none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) H. F. Miller, M. D.
(Address) 8410 N Broadway St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Arthur Diedrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur Diedrich

8319 Halls Ferry Rd L. E.

No. ..... or by ..... ; Registered Apprentice No. .....

working under my personal supervision.

Signed Arthur Diedrich

Licensed Embalmer No. 3556

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)