

# MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 791

CERTIFICATE OF DEATH 1003

32550

Do not use this space.

OCT 14 1937

PLACE OF DEATH 3831 Delmar Blvd

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. ....  
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8604

## 2. PRINT FULL NAME Still Born Baby Johnson

(a) Residence, No. 3331 Delmar Blvd St. 21  
 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12th 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby  
 9. Industry or business in which work was done, as 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) St. Louis  
 (STATE OR COUNTRY) Mo

13. NAME Hardy Johnson  
 14. BIRTHPLACE (CITY OR TOWN) Wynn  
 (STATE OR COUNTRY) Ark

15. MAIDEN NAME Saddie Jackson  
 16. BIRTHPLACE (CITY OR TOWN) Batesville  
 (STATE OR COUNTRY) Miss

17. INFORMANT Hibler Jackson  
 (ADDRESS) 3331 Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Washington Park DATE Sept 13th 1937

19. FUNERAL DIRECTOR Jas. H. Randle & Son  
 (ADDRESS) 920 No. Leonard Ave

20. FILED SEP 13 1937 J. Bredeck  
 Local Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1937, to 9-12- 1937.  
 I last saw her alive on still born 1937. Death is said to have occurred on the date stated above, at 3:15 PM  
 The principal cause of death and related causes of importance were as follows:

Prolonged Labor  
 Date of onset

Other contributory causes of importance:

Name of operation Clinical Symptoms Date of Sept 12 1937  
 What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Violence Date of injury Sept 12 1937  
 Where did injury occur? Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Violence  
 Nature of injury Violence

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No  
 (Signed) J. B. Walthall M.D. M. D.  
 (Address) 1001 N. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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