

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

32567
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No. 1003
Primary Registration District No.

Registered No. 8621

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) BARNES HOSPITAL St. ...
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leola Lovell Johnson

(a) Residence, No. 1435 1/2 Francis St. 27
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Student

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
19 0 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Student
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) Louisiana

13. NAME Clara Johnson

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

15. MAIDEN NAME Addie Roy

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

17. INFORMANT (ADDRESS) Addie Roy
1435 Francis

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Johnson DATE 9-16 1937

19. FUNERAL DIRECTOR (ADDRESS) Clara Funeral Home
2820 Stoddard St

20. FILED SEP 14 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1937, to 9-11, 1937

I last saw h. alive on 9-11, 1937. Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Hyperthyroidism
W W

Date of onset

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 9-11

What test confirmed diagnosis? B.M.R. 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify H. Hoffner (Signed) BARNES HOSPITAL, M. D.

(Address)

RECORD

OCCUPATION

FATHER

MOTHER

X-12004

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, Fonnie Boykins Licensed Embalmer No. 2946

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

..... L. E. No. or by Registered Apprentice No.

working under my personal supervision.

Signed Fonnie Boykins
Licensed Embalmer No. 2946

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.)