

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

1739.
Do not use this space.

1. PLACE OF DEATH

(a) County T Jackson Registration District No. 395

(b) Township St. Louis Primary Registration District No. 1002 Registered No. 427

(c) City St. Louis (d) Street No. 2116 E. 13th St. 1st

(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.

2. PRINT FULL NAME Lena Johnson 52.5

(a) Residence, No. 2116 E. 13th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or ms. about 80

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed

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) (STATE OR COUNTRY) Greenville Alb.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Linnie Gibson

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

17. INFORMANT (ADDRESS) 2116 E. 13th St apt 1st

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE Jan 22 1938

19. FUNERAL DIRECTOR (ADDRESS) Julius A. Fierlein 12912 Vine St

20. FILED Jan 26 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/38

22. I HEREBY CERTIFY, That I attended deceased from 1/18/38 to 1/19/38

I last saw him alive on 1/19/38 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Cerebral hemorrhage Date of onset 1/18/38

hypertension acute

Renal arteriosclerosis nephroses

Other contributory causes of importance none

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence, fire, etc.) the following: Accident, suicide, or homicide? Date of injury, 1938

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) M. M. Brown M.D.

(Address) 2131 E. 24th St

WHITE PRINT, WITH OPAIDING 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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RECEIVED

FEB 10 1938

BUREAU OF VITAL STATISTICS
NO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Julius W. Ficklin, Licensed Embalmer No. 2229
hereby certify that the body recorded on the reverse side of this certificate was embalmed by See
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Julius W. Ficklin
Licensed Embalmer No. 2229

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.)