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

Do not use this space.

DEC'D AUG 12 1938

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. 500 S. Kingshighway St. ..... Ward)

File No. 23244

Registered No. 5938

2. FULL NAME ~~Johnson~~ Roberta Hill St Louis Childrens, 400

(a) Residence, No. 1600 Delmar St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Ch.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-26-36

7. AGE: YEARS 2 | MONTHS 3 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ch.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ch.
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): E. St. Louis - Ill

FATHER

13. NAME: Lewis Hill.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama.

MOTHER

15. MAIDEN NAME: Beatrice Joor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): M. E. Matthews, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cast St Louis, Ill. DATE July 3 1938

19. UNDERTAKER (ADDRESS): J. L. Marshall, 2205 Mo. ave. E. St Louis, Ill

20. FILED JUL 1 1938 J. D. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1938, to 6-30, 1938

I last saw her alive on 6-30, 1938 Death is said to have occurred on the date stated above, at 11 57/70 m.

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

Date of onset

Haemorrhage due Sympathoblastoma of left Suprarenal. SUPRARENAL (Malignant)

Other contributory causes of importance: Cachexia.

53A

Name of operation ..... 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? ..... 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 .....

(Signed) R. J. Blattner, M. D.

(Address) 500 South Kingshighway

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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