REC'D AUG 12 1938

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

23686
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6330

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D.4917

2. PRINT FULL NAME Mary Johns 520
(a) Residence, No. 1125 Hickory St. ~~28~~ 22
(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 Stephen Johns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1865

7. AGE: ~~75~~ Years 72 Months 9 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. hwk
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) Syria

FATHER
13. NAME John Johns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria ?

MOTHER
15. MAIDEN NAME Esther ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syria

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter & Paul DATE July 18 1938

19. FUNERAL DIRECTOR Thos Lutz
(ADDRESS) 2906 Gravois Ave.

20. FILED JUL 17 1938 J. P. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/38 19

22. I HEREBY CERTIFY, That I attended deceased from 7/9/38 19 to 7/15/38 19
I last saw her alive on 7/15/38 19 Death is said to have occurred on the date stated above, at 5.4.0p
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerotic Heart Dis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) V. E. Friedman, M. D.
(Address) City Hospital No. 1

(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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, THOS.KUTIS, Licensed Embalmer No. 1619

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

L. E. 1619

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

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.)