

REC'D OCT 12 1938

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

30432
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 3900 West Belle (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.

791
1008

Registered No. 7869

2. PRINT FULL NAME Mrs. Gertrude Johnson 525

(a) Residence, No. 3900 West Belle St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Salem Illinois

13. NAME Henry Valentine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Illinois

15. MAIDEN NAME Ella Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Illinois

17. INFORMANT Chester Johnson (ADDRESS) 3900 West Belle

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 7, 1938

19. FUNERAL DIRECTOR Bald Bros (ADDRESS) 3704 Finney

20. FILED SEP - 6 1938 J. P. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3, 1938

22. I HEREBY CERTIFY, That I attended deceased from MAY 15, 1938, to SEPT 3, 1938
I last saw her alive on SEPT 2, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

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

CARCINOMA OVARY

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 6/27/38
What test confirmed diagnosis? Biopsy 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? NO
If so, specify William N. Dumble, M. D.
(Signed) GOIN. VANDEVENTER
(Address)

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, Louis V. Atkins, Licensed Embalmer No. 2842

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 Louis V. Atkins

Licensed Embalmer No. 2842

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.)