6 - 1938 DEC 8 1938

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

40386
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township 1 Primary Registration District No. 115 Registered No. 1805
(c) City Unoversity City (d) Street No. 6600 Washington 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.

2. PRINT FULL NAME 525 Susan L. Johnson
(a) Residence, No. 6600 Washington St.
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	10	8	

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. Housewife
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) Audrian Co. Missouri 0

FATHER
13. NAME John G. Sneed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kentucky 1

MOTHER
15. MAIDEN NAME Sarah E. Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kentucky 1

17. INFORMANT (ADDRESS) Mrs. L. Wells 6600 Washington Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Nov. 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue.

20. FILED NOV 6 - 1938 R. Meyer M.D. D.P.H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1938, to Nov. 4 1938
I last saw her alive on Nov. 4 1938. Death is said to have occurred on the date stated above, at 1:35P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct 1938
Other contributory causes of importance: acute Gastro Enteritis	Oct 27 38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) 607 N Grand Bl

(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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)