

REC'D JAN 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1003)
Registration District No. 791
Primary Registration District No. Jewish Hospital

41146

File No.
Registered No. 10838
St. Ward)

2. FULL NAME Harriett A. Johnson

(a) Residence, No. 529 N. Kirkwood, Rd. St. NR Ward. Kirkwood, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 3 18

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. Government
9. Industry or business in which work was done, as silk mill, 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) Lakeville, Maryland
(STATE OR COUNTRY)13. NAME Lorenzo-Johnson14. BIRTHPLACE (CITY OR TOWN) Lakeville, Maryland
(STATE OR COUNTRY)15. MAIDEN NAME Clara Harlow Andrews16. BIRTHPLACE (CITY OR TOWN) Lakeville, Maryland
(STATE OR COUNTRY)17. INFORMANT Webster & Sons
(ADDRESS) 529 N. Kirkwood Rd.18. ~~CREMATION~~ CREMATION, OR ~~REMOVAL~~ Valhalla DATE 5-17-38
PLACE DATE19. UNDERTAKER Louis W. Popp
(ADDRESS) Kirkwood, Mo.20. FILED DEC 16 1938 J. B. Predeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1938, to Dec 15, 1938I last saw her alive on Dec 15 6:30 p.m., 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cyclo-nephritis Date of onsetNon-Calculous1936

Other contributory causes of importance:

BronchostasisName of operation none Date ofWhat test confirmed diagnosis autopsy 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

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 1
Nature of injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) W. Alvan Smith, M. D.(Address) Webster & Sons

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.

2013-2-19-38 I X7244

STATEMENT OF EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me John M. Freyer or by _____

Register red Apprentice No _____ working under my personal supervision

Signed

John M. Freyer

Licensed Embalmers No

3288

P. O. Address

Kirkwood, Mo