

REC'D JUN 12 1939

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

16724  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City ..... (d) Street No. **X Homer G. Phillips Hospital** St. **4258**  
(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 Sarah Johnson**  
(a) Residence, No. **1254 N. South Broadway** St. **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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed unknown**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 18 1874**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **64 6 16**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None known**  
9. Industry or business in which work was done, as saw mill, bank, etc. **None**  
10. Date deceased last worked at this occupation (month and year) **May 1939** 11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mayflower Ark**  
13. NAME **John Bell**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown unknown**  
15. MAIDEN NAME **unknown**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown unknown**  
17. INFORMANT (ADDRESS) **Fletcher E. Eddy (Sohn) 3710 Cook**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **May 9 1939**  
19. FUNERAL DIRECTOR **Chas J. Burkes** (ADDRESS) **116-19 So 3rd**  
20. FILED **MAY 8 1939** **J. H. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1939** 19  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **5:20 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Fractured skull with intracranial hemorrhage. Fractured humerus, as a result of being struck by automobile driven by one Tom Colbert, Col., in the rear of 1254 S. Broadway, about 2:50 P.M. May 4, 1939, HOMICIDE.**  
Other contributory causes of importance:  
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 **homicide** Date of injury **5 4 1939**  
Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **public place**  
Manner of injury **see above**  
Nature of injury  
24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify **James M. Jernigan** (Signed) **Deputy Coroner** (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.

Handwritten notes and numbers:  
39 10  
17 00  
10 250

Handwritten initials: "R"

**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 \_\_\_\_\_

**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.)**

