

1 1939

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

26890

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 784  
(c) City Koch Hstp. Lemay or Koch Hstp Registered No. 1078  
(d) Street No. Koch Hstp St.  
(e) Length of residence in city or town where death occurred 1 yrs. 9 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

IDA JOHNSON  
(a) Residence, No. 5433 2 Odell Ave St Louis Mo St.  (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-06

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 8 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Booker  
9. Industry or business in which work was done, as saw mill, bank, etc. Paper box factory  
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Annapolis, Mo. (STATE OR COUNTRY)

13. NAME Irid Warren

14. BIRTHPLACE (CITY OR TOWN) Annapolis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Cela Slesher

16. BIRTHPLACE (CITY OR TOWN) Annapolis, Mo. (STATE OR COUNTRY)

17. INFORMANT Koch Hstp Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Coakney DATE Aug 2, 1939

19. FUNERAL DIRECTOR (NAME) John P. Collins, Inc (ADDRESS) 928 1/2 Grand Blm

20. FILED AUG - 1 1939 784 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1937, to 7-30, 1939

I last saw her alive on 7-30, 1939. Death is said to have occurred on the date stated above, at 12:25 m.

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

Pulmonary Tuberculosis

Date of onset  
1934

Other contributory causes of importance:

Tuberculous enteritis  
Ameloidosis of liver, kidneys

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Sputum, X-Ray 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 \_\_\_\_\_, 1939

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) Bernard Friedman, M. D.

(Address) Koch Hstp, Koch, Mo.

(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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**