DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33972

NOV 13 1939 791

Registration District No. 1003 Primary Registration District No. Registrar's No. 8510

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4319 Swan Ave;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 19 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4319 Swan Ave;
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dorothy Irene Johnston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jimmy Johnston

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 26 (Day) 1896 (Year)

8. AGE: Years 43 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Cherry Valley (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER 12. Name J.B.Norris

FATHER 13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER 14. Maiden name Nellie Woods

MOTHER 15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs. Geo. Best

(b) Address 4214 Vista Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-39 (Month) (Day) (Year)

(c) Place: burial or cremation Cooks Station, Mo.

18. (a) Signature of funeral director Alexander & Sons.

(b) Address 6175 Delmar

19. (a) OCT 4 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1, year 1939 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from November 8, 1937, to August 26, 1939, that I last saw her alive on August 26, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of cervix uteri c metastasis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D.)

Address City Hospital Date signed 10/3/39

(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.

Mrs.Geo.Best
4214 Vista (sister)

Dr. Brotn or Brott
% City Hospital

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. Wm Bentley

Licensed Embalmer No. B653

P. O. Address St. Louis Mo

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

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