

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37983
Registrar's No. 9822

DEC 12 1939 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: 3443 Clark
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis
(d) Street No. 3443 Clark
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Nancy Johnson 525
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F. 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louie Johnson 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11-12 day 29 year 1939 hour 7 PM
21. I hereby certify that I attended the deceased from May 27 to Nov 12, 1939
that I last saw her alive on Nov 12, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years About 68 Months Unknown Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Oberdeen (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Daney Sykes
13. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)

Immediate cause of death Cancer on right jaw
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant's own signature Louie Johnson
(b) Address 3443 Clark
17. (a) Burial (b) Date thereof Nov 18 1939
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin
19. (a) NOV 17 1939 (Date received local registrar) J. F. Basler (Signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Basler (M. D. or other) J. F. Basler M.D.
Address 1005 1/2 Jefferson Date signed 11-30-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
U. S. G. P. 1 X1931

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

W. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.