

S. No. 2
11-10-39
5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22753**
Registrar's No. **1104**

EO JUL 15 10 47 84
Registration District No. **101**

Primary Registration District No. **101**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 1 day 8 hr. 25 min.
In this community 15 years

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

3. (a) PRINT FULL NAME Lucy Johnson
8. (b) If veteran, name war ? **8. (c) Social Security No.** ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8 year 1940 hour 2 minute :25 A.M.
21. I hereby certify that I attended the deceased from 6-6-40 to 6-8-40
that I last saw her alive on 6-8-40 and that death occurred on the date and hour stated above.

4. Sex female **5. Color or race** colored **6. (a) Single, widowed, married, divorced** widow
6. (b) Name of husband or wife Floyd Johnson **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Oct. 11 1879

Immediate cause of death: Branchial Pneumonia
Due to degenerative cardiac vascular renal disease
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

8. AGE: Years 60 Months 7 Days 28 If less than one day _____ hr. _____ min.

Duration 2 day
Physician _____
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown Miss.

10. Usual occupation nil.

11. Industry or business _____
12. Name Edward Womack
13. Birthplace Unknown Miss.
14. Maiden name Susan Burton
15. Birthplace Unknown Va.

16. (a) Informant Mary Washington
(b) Address South Kinloch
17. (a) Burial **(b) Date thereof** 6 13 40
(c) Place: burial or cremation Washington Pk.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ **(e) Means of injury** _____
23. Signature [Signature] **(M. D. or other)** _____
Address [Address] **Date signed** 6/10/40

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) JUN 10 1940 **(b) [Signature]**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

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.