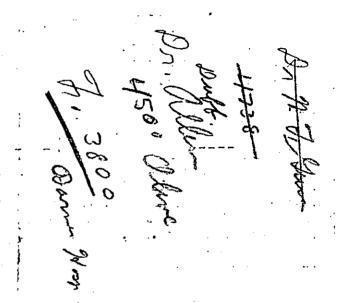
2 -40 39 23159	DEPARTMENT OF CHIEFCE MISSOURI STATE DE STANDARD CERTI	BOARD OF HEALTH FICATE OF DEATH State File No. 33913				
	Primary Registration Dist	rict No. Registrar's No. 8610				
Α.	1. PLACE OF DEATH:	2. USUAL RESIDENCE, OF DECEASED: (a) State M1SSOUP1 (b) County				
RECORD	(a) County (b) City or town St. Louis					
	(c) Name of hospital constitution (in Structure) (c) Name of hospital constitution (in Structure)	(c) City or town St. Louis (If outside city or town limits, write "RURAL")				
PERMANENT	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution 3921 nereford In this community, 20 years (Specify whether)	(d) Street No. 3921 Hereford (If rural, give location)				
UNFADING BLACK INK—MAKE A PERM	years, months or days)	(e) If foreign born, how long in U. S. A.?				
	3. (c) PRINT Robert E. Johnson	MEDICAL CERTIFICATION				
	3. (b) If veteran, 3. (c) Social Security NA93-09-1488	20. DATE OF DEATH: Month Oct. day 16 year 1940 hour 6 minute p. M.				
		21. I hereby certify that I attended the deceased from 1938				
	5. Color or 6. (a) Single, widowed, married, divorced Married	10 to October 16, 1976				
IN	6. (b) Name of husband or wife	that I last saw h alive on 1944 5 and that death occurred on the date and hour stated above.				
CK	Margaret Johnson alive 39 years	Immediate cause of death				
BLA(7. Birth date of deceased Oct. 1, 1889 (Month) (Day) (Year)	my oca tita 440				
ING 1	8. AGE: Years Months Days If less than one day 51 0 15	Due to.				
FAD	9. Birthplace Greenville Missouri	Due to				
	(City, town, or county) (State or foreign country)	Other conditions Repeated Cardia Scompensalin				
-OSE	10. Usual occupation Unemployed 11. Industry or Purific Inspr. Century Electric	/r_1_1				
		Major findings:				
Ž	State of the state	Of operations Underline the cause to				
WRITE PLAINLY	(City, town, or county) (State or foreign country)	Of autopsy which death should be charged sta-				
E	14. Maiden name Unknown 15. Birthplace Unknown (City town or overlap)	tistically. 22. If death was due to external causes, fill in the following:				
XIX.	(City, town, or county) 16. (a) Informant. Margaret Johnson	(a) Accident, suicide, or homicide (specify)				
W	(b) Address 3921 Henford	(b) Date of occurrence				
	17. (a) Burial (b) Date thereof 10/19/40 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (State)				
	(c) Place: burlal or cremation Hiram Cemetery	(d) Did Injury occur in or about home, on farm, in industrial place, in public place?				
	18. (a) Signature of funeral director /ac/cen - Seelslense	(Specify type of place) While at work?(e) Means of injury				
	(b) Address 2331 S. Broadway	23. Signature (M. D. or other)				
	(Date received local registrary) (Registrary augusture) Address / Do Colon					
	(Licensed Embalmer's Statement on Reverse Side)					



STATEMENT BY LICENSED EMBALMER

-	•				
		4	• *		
I hereby certify that the body whose	e name is recorded on	the reverse side of t	this certificate was emba	lmed by me, or by	
I have by careiny that the body who					1 .
			Danistand Ass.	Alaa NTa	
			, Kegistered App:	rentice No	

working under my personal supervision.

Licensed Embalmer No. 26 425

o Addison Dirozumo

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

If this body is not embalmed, fact should be so stated above.