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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36365

State File No. _____
Registrar's No. 1996

Registration District No. 784 Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2914 Bartold
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) 20

3. (a) PRINT FULL NAME Anna Louise Johnson
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John F. Johnson 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 29, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Myrtle Ruck

(b) Address 2914 Bartold

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 22 1940 (Date received local registrar) (b) DR. Myrtle Ruck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town Maplewood (If outside city or town limits, write "RURAL")
(d) Street No. 2914 Bartold (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1940 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1940 to Oct. 20, 1940
that I last saw him alive on Oct. 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Due to _____

Due to 46

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Sterling (M. D. or other) MD

Address 7266 Manchester Date signed 10/27/40

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

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

H. Burgess

Licensed Embalmer No.

4629

P. O. Address

Maplewood

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, fact should be so stated above.