

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40176

State File No.

FILED JAN 15 1940 91

Registration District No.

Primary Registration District No. 1003

Registrar's No.

9947

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer Phillips
(d) Length of stay: In hospital or institution. (Specify whether)

In this community
years, months or days

3. (a) PRINT
FULL NAME

Ella Johnson

3. (b) If veteran,
name war

3. (c) Social Security
No.

5. Color Col
race

6. (a) Single, widowed, married
divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased.

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

50

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

12. Name

Unknown

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

"

15. Birthplace

"

(State or foreign country)

16. (a) Informant

Bernad Socofuski

(b) Address

2302 Angelica

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

11-9-40

(c) Place: burial or cremation

Washington

18. (a) Signature of funeral director

W. R. Rutter

(b) Address

3500 Rutter

19. (a)

DEC 4 1940

(b)

J. H. Breck

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 2809
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1940 hour 445 minute P. M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Primary Sclerosis

Due to with Fatty

Due to Myocardium

Other conditions Chronic Renal Hypertension
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

(Specify type of place)

(e) Means of injury

23. Signature

Address

Joseph M. L...
Deputy Coroner

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 _____

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.