

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20262

1. PLACE OF DEATH

County St. Louis

Registration District No.

Township 791Primary Registration District No. 1003City St. Louis(No. DOOTH MEMORIAL HOSP.)

File No.

Registered No. 50747St. Ward? 242. FULL NAME Rose Mary Johnson(a) Residence, No. 3740 MARINE, St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1941</u>		
7. AGE YEARS <input checked="" type="checkbox"/>	MONTHS <input checked="" type="checkbox"/>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)13. NAME CHARLES JOHNSON14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)15. MAIDEN NAME MILDRED ROSSI16. BIRTHPLACE (CITY OR TOWN) MISSOURI
(STATE OR COUNTRY)17. INFORMANT MILDRED JOHNSON
(ADDRESS) 4101 DELMAR AVE.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE JUNE 21, 194119. UNDERTAKER Edith E. Ambruster
(ADDRESS) 4234 Manchester20. FILED JUN 21 1941
J. T. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 17, 194122. I HEREBY CERTIFY That I attended deceased from June 14 1941 to June 17 1941
I last saw her alive on June 17 1941. Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth;
about 7 months (Germans)
154

Other contributory causes of importance:
Hard presenting - version
and delivery as foetalieName of operation Internal Version Date of 6/16/41
What test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. Roy Crompton, M. D.(Signed) J. Roy Crompton
(Address) 6740 Marine

Not embalmed

Gloria Eynck

1284

St Louis Mo.