

FILED OCT 18 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30339

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7678

1. PLACE OF DEATH:

(a) County St. Louis. Mo
(b) City or town St. Louis. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2337 A Biddle Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community about 45 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis. Mo. (b) County 000
(c) City or town 2337 A Biddle Street St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2337 A Biddle 21
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Laura Johnson

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5th 1871
(Month) (Day) (Year)

8. AGE: Years 70 470 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Not known

12. Name Tenn.
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Not known
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Johnson

(b) Address 2617A Cass Ave

17. (a) Burial (b) Date thereof Sept. 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. A. Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) 9-4-41 J. T. Ruedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1941 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from any
21 1941 to Sept 17 1941
that I last saw her alive on Sept 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

28. Signature M. A. Whittle (M. D. or other) 0 m D.

Address 2335 Date signed 9-23-41

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

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17
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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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar B

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.