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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33338

State File No.

Registrar's No. 8293

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether _____)
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 006
(c) City or town St. Louis, Mo. 19
(If outside city or town limits, write "RURAL") 9-25
(d) Street No. 1427a N. 8th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 1941
year _____ hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct. 11, 1941
Oct. 16, 41
19 _____ to _____ 19 _____
that I last saw h. er alive on Oct. 16, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic glomerular nephritis
Uremia
Duration: Unknown
Unknown

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

Major findings: _____
Of operations: 131b
Of autopsy: _____
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. W. Johnson (M. D. or other) _____
J. F. Brudeck
Address 3601 N. Whittier Date signed 10-17

3. (a) PRINT FULL NAME Maggie Hall
3. (b) If veteran, name war ---
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Girt Hall 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 29th, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 m 8 17 hr. _____ min.

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

10. Usual occupation Laundress

11. Industry or business _____

12. Name William Johnson

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

14. Maiden name Plenty Hunter

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

16. (a) Informant Lawrence Jackson

(b) Address 1427 N. 8th St.

17. (a) Burial (b) Date thereof 10-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Missouri

18. (a) Signature of funeral director Chas J. Gates

(b) Address 4107 Finney Ave. St. Louis, Mo.
19. (a) OCT 19 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

STATEMENT BY LICENSED EMBALMER

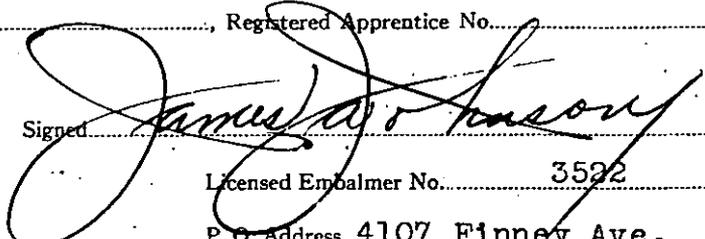
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.