

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILLED NOV 24 1941

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33580

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8538

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3506 Papin Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew William Johnson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased October 26 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
--- --- --- 4 hr. 55 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew Melton Johnson

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

14. Maiden name Pauline Carol Pullen

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

16. (a) Informant Andrew M. Johnson

(b) Address 3506 Papin St

17. (a) burial (b) Date thereof 10-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director Proctor & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) OCT 28 1941 (b) J F Bruback
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1941 hour Ten minute Fifty P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature labor of (30 weeks gestation)

Due to _____

Other conditions. (Include pregnancy within 3 months of death)
Recent Pelvic (Gynec) Section

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 0

23. Signature Otto H. Schwarz (M. D. or other) _____

Address 440 N. Newport Dr Date signed 10-26-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Charles Goodhart

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, fact should be so stated above.