

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43032
Registrar's No. 2687

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rien HETS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Sarah M. Johnson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 28 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Smith
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle M. Connolly

(b) Address 23 Enfield Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) JAN 2 1942 (Date received local health authority) (b) St. M. Hevorn M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 23 Enfield Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 31 year 1941 hour 2:05 a.m. minute _____ M.
21. I hereby certify that I attended the deceased from July 25 to Dec 31, 1941 that I last saw her, alive on Dec 31, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Embolus
Due to _____
Chronic Myocarditis
Due to _____
Other conditions (include pregnancy within 5 months of death) _____
Major findings: Of operations 93d
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 W.P. Lamb (M. D. or other) _____
Address 4024 Lindell Boulevard Date signed _____

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

REV. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

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.

1000 of number

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

Jack H. Lubben

Licensed Embalmer No. 4110

P. O. Address. St. Louis, Mo

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.