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S. No. 2
M—1-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 437

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 874

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

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 19 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4206 Westminster 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------- 0

3. (a) PRINT FULL NAME Baby Johnson

3. (b) If veteran, name war Newborn

3. (c) Social Security No. Newborn

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Newborn ()

6. (b) Name of husband or wife Newborn

6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased December 19, 1941
(Month) (Day) (Year)

8. AGE: Years | Months | Days 4 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Herbert Johnson
13. Birthplace / Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Toland
15. Birthplace / Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1 49 42
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. L. White
(b) Address City Hospital No. 1

19. (a) JAN 20 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22,
year 1941 hour 10:55 minute A. M.

21. I hereby certify that I attended the deceased from December 19, 1941 to December 22, 1941
that I last saw her alive on December 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	3 da
Aspiration pneumonia	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. V. Mulligan (M. D. or other)
Address 1515 Lafayette Avenue. Date 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.