

S. No. 2
1-1-4-41
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

438
State File No. _____
Registrar's No. 193

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Anthony Hospital
(d) Length of stay: In hospital or institution 2 days
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4710 Eichelberger
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Barbara Jean Johnson
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 7
year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 5 1942 to Jan 7 1942
that I last saw her alive on Jan 7 1942 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 5 1942

Immediate cause of death Cerebral injury + hemorrhage
Due to Violent labor and abnormal uterine position
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 0 Months 0 Days 2 days hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation _____

11. Industry or business _____

12. Name Edward Johnson
13. Birthplace St. Louis Missouri
14. Maiden name Olga Meyer
15. Birthplace Chester Illinois

16. (a) Informant Edward Johnson
(b) Address 4710 Eichelberger

17. (a) Burial (b) Date thereof 1-8-42
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Zugenheim
(b) Address 7027 Gravois Ave.

19. (a) J. F. Fredrick (b) J. F. Fredrick
(Date received local registrar's certificate) (Registrar's signature)

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) Accident?
(b) Date of occurrence Jan 5 1942
(c) Where did injury occur? St. Anthony Hosp. St. Louis in
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St. Anthony Hospital

23. Signature F. S. Permann (M. D. or other) _____
Address 3115 So. Grand Date signed 1/8/42

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..... *C. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address *7027 Gravois*

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.