

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8769**
Registrar's No. **3058**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Marys Hospital Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: About 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County 000
(c) City or town 11 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4341 Page Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Bell Woolfork Johnson

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. (Not) Known (Day) (Year)

8. AGE: Years About 59 Months Days If less than one day
hr. min.

9. Birthplace Gallitan Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Mr. Reeves
13. Birthplace Gallitan Tenn (City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Gallitan Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Edward Johnson

(b) Address 4341 Page Ave

17. (a) Burial (b) Date thereof April 16, 1942
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave

19. (a) APP 6 1942 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year '42 hour 12 : minute 05 P. M.

21. I hereby certify that I attended the deceased from 3-31-42
to 4-2-42
that I last saw her alive on 4-2-1942
and that death occurred on the date and hour stated above.

Immediate cause of death At. cerebral hemorrhage & left hemiplegia
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 8 2

Major findings: _____
Of operations _____
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 11
23. Signature A. S. Davis (M. D. or other) M.D.
Address 15-36 Page Date signed 4-6-42

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 Arthur L. Helliard

Licensed Embalmer No. 4221

P. O. Address. 2649th Delmar Bl

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.