

S. No. 2
M-1-4-41
v. 5-17-39
K25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5855**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
2822 Lemp Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
024

(d) Street No. 2822 Lemp Ave
(If rural, give location)

(e) Citizen of foreign country? 8th (Yes or No)
0
If yes, name country _____

3. (a) PRINT FULL NAME Christina Johnson

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day July
year 1942 hour 9:05 minute A. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased September 4 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/13/37 19. 42
to 7/4 19. _____

that I last saw her alive on 7/4/42 19. _____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>91</u>	<u>10</u>	<u>4</u>	hr. min.
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Immediate cause of death
Arterio-sclerosis
Chr. Interstitial nephritis

Due to _____

Due to _____

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

10. Usual occupation At Home

Other condition 11
(Include pregnancy within 3 months of death)

Major findings:
Of operations 11

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jons Olson

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Arvid E. Olsson

(b) Address 2822 Lemp Ave

17. (a) Burial (b) Date thereof July 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Church Yard

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? _____

18. (a) Signature of funeral director Petz Brothers
3029 Lafayette Ave

(b) Address _____

19. (a) JUL 10 1942 (b) J. F. Prodeck
(Date received local registrar) (Registrar's signature)

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

23. Signature J. F. Prodeck (M.D. _____)
Address 3554 VICTOR ST Date signed 7/9/42

Dr. Woodruff
3558 Videmont
La.-05710

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 Frank J. Owens.

Licensed Embalmer No. 2245

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, fact should be so stated above.