

FILED OCT 28 1942

Registration District No. **318**

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
In this community 1 MONTH
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL") 93
(d) Street No. 2739 ELLENDALE AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hazel Eleanore Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 86-20-9628

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 AUGUST 3, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 ? 8 hr. min.

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

10. Usual occupation BOOKKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name VICTOR JOHNSON

13. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)

14. Maiden name AMELIA JOHNSON (NEE)

15. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)

16. (a) Informant MISS. BERNETTA YOUNG

(b) Address 2739 ELLENDALE AVE.

17. (a) BURIAL (b) Date thereof 10-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) OCT 13 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1942 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10
7, 1942, to 10-11, 1942
that I last saw her alive on 10-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Type not known
Due to organism unknown
Due to _____

Other conditions MI
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Excitation of left diaphragm
Peptic ulcer, lumbago

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 0

23. Signature Wayne Baird (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

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

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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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 43740 Lafayette

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.