

FILED DEC 10 1942

Registration District No. 200

Primary Registration District No. 200

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Ellisville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Copley Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 8821 Dora Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Johanna Sever.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Sever 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 22, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER
12. Name David Cooper
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mathaldia Duff
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Sever
(b) Address 6227 Lenox Ave.

17. (a) Burial (b) Date thereof Nov. 12/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiemont Ave.

19. (a) NOV 12 1942 (b) R. M. Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1942 hour 6.10 minute A.M. M.

21. I hereby certify that I attended the deceased from 7-15-42 19... to 11-10-42 19...
that I last saw her alive on 11-6-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to arteriosclerotic hypertensive heart disease years
Due to Chronic myocarditis years

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

Major findings: Of operations 93d
Of autopsy.....

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.....

23. Signature W. M. Turner (M. D. or other) M.D.
Address St. Louis County Hospital Date signed 11-10-42

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

96
00

Dr. Walker G. Turner
County Hospital
6639 Alamo Ave.,
DE. 482 7
6-0 P.M.

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. 3225

P. O. Address...1125 Hodiament Ave.,

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.