

FILED FEB 10 1943

Registration District No. **788**

Primary Registration District No. **111**

Registrar's No. **86**

1. PLACE OF DEATH:

(a) County: **St Louis Co**
(b) City or town: **Richmond, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **St Louis Co**
(c) City or town: **Richmond, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No: **1301 Argus**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: **0**

In this community years, months or days

(Specify whether

3. (a) PRINT FULL NAME

Elizabeth Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: **Female** 5. Color or race: **negro** 6. (a) Single, widowed, married, divorced: **Widow**

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

7. Birth date of deceased: **3 16 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 25 .hr. .min.

9. Birthplace: **St Charles, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Nil**

11. Industry or business:

12. Name: **Ottoway Edward**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Rachel**

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

16. (a) Informant: **Allie B. Woodson**

(b) Address: **1301 Argus St.**

17. (a) (Burial, cremation, or removal) (b) Date thereof: **1-15-43**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director: **Russell**

(b) Address: **2732 Erie Blvd.**

19. (a) **JAN 11 1943** (b) **E. H. McHenry, M.D.**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **15** day **July**
year **1943** hour **2:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 15** 19**43** to **July 15** 19**43**

that I last saw **her** alive on **July 9** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Blood Poison from amputated toe** Duration

Due to **2.4.43**

Due to

Other conditions: **operator on toe**
(Include pregnancy within 3 months of death)

Major findings: **operation on toe** PHYSICIAN

Of operations: **operation on toe**
Of autopsy: **none**
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): **None**

(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: **E. H. McHenry, M.D.** (M. D. or other)

Address: **Richmond, Mo** Date signed

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

26
8
3

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.....

Joel Russell
.....
Licensed Embalmer No. *7112*

P. O. Address.....

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.