S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11424

LED APR 15 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 539

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 516 days (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town ~~Koch~~ St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3444 Page
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BEATRICE JOHNSON
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Johnson
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March (Month) 16 (Day) 1905 (Year)

8. AGE: Years 37 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Maid
11. Industry or business
MOTHER
12. Name Willie Scott
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
FATHER
14. Maiden name Lucy Atkins
15. Birthplace Lake Providence (City, town, or county) La (State or foreign country)
16. (a) Informant Koch Hospital Records
(b) Address Koch, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Atkins Bros. Undt. Co.
(b) Address 3644 Gravois Ave.
19. (a) 3-5-43 (Date received local registrar) (b) J. M. McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 7:15 minute P. M.
21. I hereby certify that I attended the deceased from 9-26, 1941, to 3-2, 1943, that I last saw her alive on 3-2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2½ yrs (?)
Due to:	
Due to:	
Other conditions: Tuberculosis of larynx (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Bernard Friedman (M. D. or other) MD
Address Koch Hosp., Koch, Mo. Date signed 3-3-43

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Altmus

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.