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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. 11427

FILED APR 8 1943

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 630

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 426 CLARK AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 50 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11 96

(a) State MISSOURI (b) County ST. LOUIS 7

(c) City or town WEBSTER GROVES 4 (If outside city or town limits, write "RURAL")

(d) Street No. 426 CLARK AVE (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME SARAH JOHNSON

3. (b) If veteran, name war NON

3. (c) Social Security No. NONE

4. Sex FEMAL

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES JOHNSON

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased MAY-23- 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	20	— hr. — min.

9. Birthplace RYSLINGE - FYN (City, town, or county) DENMARK 4 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name ANDREW NIELSON 4
13. Birthplace RYSLINGE-FYN (City, town, or county) DENMARK 4 (State or foreign country)

MOTHER
14. Maiden name MARIE ELLEISEN 4
15. Birthplace RYSLINGE-FYN (City, town, or county) DENMARK 4 (State or foreign country)

16. (a) Informant James Johnson

(b) Address 426 CLARK AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR-17-1943 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker Und Co.

(b) Address WEBSTER GROVES MO.

19. (a) MAR 16 1943 (Date received local registrar) (b) E. G. McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1943 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from June 15 1942 to Mar 15 1943 that I last saw her alive on Mar - 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arthritis Deformans	5 yrs
Chr Cardio renal disease	14 yrs
Due to Acute Cystitis	5 days
Due to	
Other conditions Invalid (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
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 [signature] (M. D. or other) MD

Address Webster Groves Mo Date signed 3-16-43

707

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1943

APR 5 1945

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. C. O. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.