

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

FILED APR 19 1943 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 days (Specify whether
In this community... 20 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Helen Neice Johnson

3. (b) If veteran, No name war
3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: May 26, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 10 05 hr. min.

9. Birthplace: Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

MOTHER FATHER
12. Name: Russell Neice
Leban Mo.
13. Birthplace: (Annie) Hays (State or foreign country)
14. Maiden name: Springfield Mo.
15. Birthplace: (City, town, or county) (State or foreign country)
Annie Neice

16. (a) Informant: 2626 Randolph Street

(b) Address: Burial (b) Date thereof: April 7, 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation.
18. (a) Signature of funeral director: A. L. Beal Und Co.

(b) Address: 2726 Lucas Ave.

19. (a) APR 7 1943 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 1722 922
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2626 Randolph (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1,
year 1943 hour 5 minute 10 A. M.
21. I hereby certify that I attended the deceased from March
29, 1943, to April 1, 1943

that I last saw her alive on April 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Prob. Pelvic Neoplasm - no malignancy
Duration Unk.

Due to: 56

Due to:

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

Major findings: Of operations

Of autopsy: 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?

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: A. Moore (M. D. or other)
Address: 2601 Whittier Date signed: 4/13/43

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address. 4219th E. Hayfield

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.