

DEAD MAY 3 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2266 Blendon Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2266 Blendon Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Johnson, Mary Ann

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

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife Harry M. Johnson 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 15 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 10 ..br.min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Female Physician

11. Industry or business.....

MOTHER FATHER { 12. Name Cornelina Rose
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Ellen O'Connor
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.O. Hull (daughter)

(b) Address 2266 Blendon Pl.

17. (a) Burial (b) Date thereof April-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Avenue

19. (a) APR 27 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 10, 1943, to April 25, 1943,
that I last saw her alive on April 25, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Spontaneous -

Due to Hyperextension of
vertebrae - clear.

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)
9/3

Major findings: Of operations..... PHYSICIAN
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?

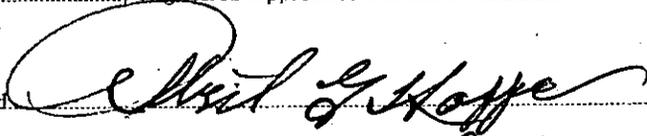
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Predeck (M. D. or other) MD

Address 529 E. Page Date signed 4/27/43

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 .....
Licensed Embalmer No. 2991.....
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.