

S. No. 2  
1-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12326**

Filed **MAY 11 1943**  
Registration District No. **1003**

Primary Registration District No. **1003**

Registrar's No. **4271**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **Stella Mae Johnson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Scott H.** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Oct. 17 1885**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **19** If less than one day hr. min.

9. Birthplace **Centralia Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Alonzo Chambers**  
13. Birthplace **Centralia Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **May Kerns**  
15. Birthplace **Centralia Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. K. Toop**  
(b) Address **2525 State Street**  
17. (a) **Burial** (b) Date thereof **May 8, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia Illinois**

18. (a) Signature of funeral director **[Signature]**

(b) Address **East St. Louis Ill.**

19. (a) **MAY 7 1943** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**  
(c) City or town **East St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **621 N. 23rd Str.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **6**  
year **1943** hour **7** minute **30** A.M.

21. I hereby certify that I attended the deceased from **3-10**  
19 **43** to **5-6** 19 **43**

that I last saw her alive on **5-5** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute hepatitis**

Due to **Suppurative cholecystitis**

Due to **Acute hepatitis**

Other conditions **Degenerative heart disease**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**  
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?

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

23. Signature **Hoing S. Guo** (M. D. or other)  
Address **Mo. Pac. Hosp.** Date signed **5/6/43**

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

---

---

**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. *3162*

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.**