

S. No. 2
A-1-4-41
5-17-39
X2899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16262
4506
Registrar's No.

ED MAY 27 1943 318
Registration District No.

Primary Registration District No. 1005

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Inf. H.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days.
(Specify whether
In this community Twenty five years
years, months or days) 20 yrs. & 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4243 Enright
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie S. Johnson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10th
year 1943 hour 8:00 minute P. M.

4. Sex Female 5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Erskine D. Johnson
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 4 13 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/8/1943 to 5/10/1943
that I last saw her alive on 5/10/1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 0 27 hr. min.

Immediate cause of death
Acute INTESTINAL OBSTRUCTION
Due to C.A. of the rectum WITH METASTASIS TO UTERUS AND BOWEL.

9. Birthplace Macon County Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations NONE

11. Industry or business
12. Name Thomas G. McFadden
13. Birthplace Missal
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Abington
15. Birthplace Missal
(City, town, or county) (State or foreign country)

Of autopsy NONE
Underline the cause to which death should be charged statistically.

16. (a) Informant Erskine D. Johnson
(b) Address 4243 Enright

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?

17. (a) Burial (b) Date thereof 5 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Pinlie Toney
(b) Address 3129 Lucas Ave

23. Signature Blain W. Carter (M.D.)
Address 2425 Biddle Date signed 5/11/43

19. (a) MAY 14 1943 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.