

S. No. 2
DM-2-43
5-17-39
I X 188

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26789
7789
Registrar's No.

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

FILED SEP 11 1940

318

1003

Registration District No. Primary Registration District No.

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs 5mos 4ds.
(Specify whether years, months or days)

In this community 78 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal 13
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FANNIE TURNER JOHNSON

3. (b) If veteran, name war *

3. (c) Social Security No. No.

4. Sex female 5. Color or race negro

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1 years
(Month) (Day) (Year)

7. Birth date of deceased January 1 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>7</u>	<u>25</u>	hr. min.

9. Birthplace unknown W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name John Turner

13. Birthplace unknown W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Boyer

15. Birthplace unknown W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Helma A. Singler

(b) Address 5400 Arsenal

17. (a) (b) Date thereof 8-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. J. Brubaker

(b) Address 2931 38th Ave St. Louis

19. (a) AUG 20 1940 J. J. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 26
year 1943 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-1938 19 to Aug 26 19 43
that I last saw her alive on Aug 26 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Hearts Disease
Senility

Due to 1938x
1938x

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 0

23. Signature Anthony K. Burch (M. D. or other)
Address 6700 Arsenal St Date signed 8/26/43

daughter

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.....

James L. English....., Registered Apprentice No.....
working under my personal supervision.

Signed *Burlean English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas Ave*.....

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.