

FILED SEP 21 1943

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 8094

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 3207 La Salle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 30 yrs
years, months or days

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. 3207 LaSalle
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME SARAH JOHNSON

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 8 day Sept
year 43 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 4
1943, to Sept. 18, 1943
that I last saw h. e. alive on Sept. 18, 1943
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race col

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 8 1869
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy
Hypertension

Due to —

Due to —

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

8. AGE: Years 74 Months 6 Days 9 If less than one day — hr. — min.

9. Birthplace Lawrence county Ga
(City, town or county) (State or foreign country)

10. Usual occupation House wife

PHYSICIAN —

Underline the cause to which death should be charged statistically.

Major findings: Of operations —

Of autopsy —

MOTHER FATHER

11. Industry or business —

12. Name Eris Daniel

13. Birthplace Lawrence Ga
(City, town, or county) (State or foreign country)

14. Maiden name Lucy

15. Birthplace Lawrence Co Ga
(City, town, or county) (State or foreign country)

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 W. A. Young (M. D. or other) —
Address 2316 a market Date signed —

16. (a) Informant James O. Young

(b) Address 3027 Caroline

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. P. Watson

(b) Address 2769 Chestnut

19. (a) SEP 21 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

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

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 Christman

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318Primary Registration District No. 1063Registrar's No. 8094

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: _____

(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 Sarah Johnson

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex
- F

5. Color or
race B

6. (a) Single, wid, wed, married,
-
- divorced
- Widow

6. (b) Name of husband or wife
- Oscar

6. (c) Age of husband or wife if
-
- alive _____ years

7. Birth date of deceased _____

Jan 8
(Month) (Day) (Year)

8. AGE:

Years 74Months 9

Days _____

If less than one day _____ min.

9. Birthplace _____

(City, town, or county)(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____
-
- (Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

SEP 30 1943

19. (a) _____

(Date received local registrar)J. F. Bredbeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

- (e) Citizen of foreign country? _____
- (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
-
- year
- 1943
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I have now _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 injury23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

30075