

S. No. 2
DM-8-43
5-17-39
P-1 X37823

19100

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 29 1944

Registrar's No. 1153

Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos.
(Specify whether years, months or days)

In this community 19 years

3. (a) PRINT FULL NAME Johnson, Helen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race col

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

6. (b) Name of husband or wife E. Johnson

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

7. Birth date of deceased 1-14-16
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Bessemer Ala
(City, town, or county) (State or foreign country)

Unknown

10. Usual occupation _____

11. Industry or business Unknown

12. Name Alex Woods

13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Bertie Sims

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant self

(b) Address 6204 Wells Weester

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

(b) Date thereof 5 23 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Washington St. Cem.

18. (a) Signature of funeral director Boyd Bros. Funeral Home

(b) Address St. Louis and Stanger St. Kirkwood

19. (a) MAY 22 1944
(Date received local registrar)

(b) E. J. Mc Gavran, MD
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL.")

(d) Street No. 6204 Wells
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1944 hour 2 minute 10 PM

21. I hereby certify that I attended the deceased from 3-21
1944, 19. to 5-18-1944

that I last saw her alive on 5-18-1944, 19. _____
and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic anemia

Duration ?

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 738

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)

(c) Means of injury _____

23. Signature John A. Johnson (M. D. or other) MD

Address St. Louis County Hospital Date signed 5-19-44

7946 L NAW

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fairly

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.