

S. No. 2
M-8-43
. 5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CONSUL

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42105

State File No.

FILED DEC 18 1944
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2512

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robt. Koch Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 404 Days
(Specify whether years, months or days) Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 38 S. Channing
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FANNIE LOUISE JOHANSON

3. (b) If veteran, name war --- 3. (c) Social Security No. ?

4. Sex F 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Leon Johnson 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased MAY 4 1918
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 2 If less than one day
.....hr.min.

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

10. Usual occupation Maid

11. Industry or business ---

12. Name Will Lasky
13. Birthplace Huntsville Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Vera Kent
15. Birthplace Huntsville Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Record - Emby Kent

(b) Address 1551 Langley Lane

17. (a) Buried (b) Date thereof Dec. 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Cem. E. St. L. Mo.

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

(b) Address 1112 1/2 W. 17th

19. (a) 12/11/44 (b) E. S. Mathuram, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct. 29, 1943, to Dec 6, 1944
that I last saw her alive on Dec. 6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 18 mos.?

Due to.....

Due to..... 13 1/2

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 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) Means of injury 0

23. Signature for E. S. Mathuram (M. D. or other) MD

Address Robt. Koch Hosp. Date signed 12-7-44

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

6000

9

19
1/19/44

707

DEC 19 1944

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

O. V. Nash

Licensed Embalmer No.

2432

P. O. Address

1117 13th

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.