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v. 5-17-39
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7867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 16 1945

818

Registration District No. Primary Registration District No. 1003

Registrar's No. 2138

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hospital Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether

In this community 5 days
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. 1203 South Compton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen Johnson 5 days

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife

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

7. Birth date of deceased July 19th 1934
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1945 hour 9:30 P minute 45

21. I hereby certify that I attended the deceased from March 30 to March 30 1945

that I last saw her alive on March 30 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>10</u>	<u>7</u>	<u>15</u>	hr. <u> </u> min. <u> </u>

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

Immediate cause of death: Rheumatic Heart Disease

Due to Inflammation of the heart

Due to

Other conditions: 95
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Archie Johnson

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

14. Maiden name Ardraller McCulley

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

16. (a) Informant Ardraller Johnson
(b) Address 1203 South Compton Ave.

17. (a) Burial (b) Date thereof 3-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood's Care

18. (a) Signature of funeral director Ellis Fun. Home.
(b) Address 2820 Stoddard St.

19. (a) MAR 6 1945 J. F. Busch
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

23. Signature W. J. Tector (M. D. or other) 3/3
Address 2743 Fairview Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Leighton E. Culkin
Licensed Embalmer No. 4198
P.O. Address 1915 Jones St. Plain, N.J.

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.