DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No. 39535

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10726

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:
1118 So 13th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Eva Mensen 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1118 So 13th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eva Mensen

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Mch (Month) 2 (Day) 1895 (Year)

8. AGE: Years 50 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel H Johnson
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Vaughn
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Henry Mensen
(b) Address 1118 So 13th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation Piggott Ark.

18. (a) Signature of funeral director Howard G Rowland
(b) Address 4355 Washington Blvd.

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1945 to Dec 9, 1945; that I last saw her alive on Dec 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 1944

Due to

Due to Chr nephritis — 1943

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 4318 W Florissant Date signed 12-10-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PERMIT—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 John Keller

Licensed Embalmer No. 3880

P. O. Address Athens 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.