

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 9 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15243**  
**4237**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**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:  
Residence; 4553 Westminster Pl.,  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 020  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1217  
(d) Street No. 4553 Westminster Pl.,  
(If rural, give location) 9  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** LILLIE W. JOHNSON.  
**3. (b) If veteran,** name war no  
**3. (c) Social Security** No. no

**4. Sex** Female / **5. Color or race** White  
**6. (a) Single, widowed, married, divorced.** Married.  
**6. (b) Name of husband or wife.** Leonard S. Johnson.  
**6. (c) Age of husband or wife if alive.** 51. years  
**7. Birth date of deceased.** February 22, 1896.  
(Month) (Day) (Year)

**8. AGE:**  
Years 51. Months 2. Days 2.  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Tidaholm, Sweden.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At Home...

**11. Industry or business** \_\_\_\_\_

**12. Name** Edwin N. Beldt.

**13. Birthplace** Sweden.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown.

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

**16. (a) Informant** Leonard S. Johnson,

**(b) Address** 4553 Westminster.

**17. (a) Cremation.** (b) Date thereof 4/28/47.  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Oak Grove Crematory.

**18. (a) Signature of funeral director.** C.R. Lupton & Sons.

**(b) Address** 7233 Delmar Blvd.,

**19. (a) APR 24 1947** (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 24  
year 1947 hour 9:00 minute \_\_\_\_\_ A.M.

**21. I hereby certify that I attended the deceased from** 12-18-46  
to 4-24-47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on 4-23-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death.**  
Carcinoma of cervix, uterus,  
Generalized carcinomatosis

**Duration**  
3 yrs  
6 mos.

**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 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) (e) Means of injury 0

**23. Signature** S. S. Levin (M. D. or other)

**Address** 4487 Westminster Pl. **Date signed** 4-24-47

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

MOTHER FATHER

Levin

Dr. Sidney S. Levin.  
4487 Westminister Pl.  
NE-3613  
3 to 5P.M.

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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 *Raymond L Harris*

Licensed Embalmer No. *4330*

P. O. Address. *Maplewood, N.J.*

*M*  
**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.**