No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29177

Registrar's No. 8275

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: Pronounced dead Homer 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Phillips Hosp (Specify whether

In this community 2 mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Aid

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3302 Delmar Blvd (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Sarah Johnson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 15 (Day) 1880 (Year)

8. AGE: Years 66 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Pine Bluff (City, town, or county) Ark (State or foreign country) 1

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Dan Webester
13. Birthplace unk (City, town, or county) Ark (State or foreign country) 1

MOTHER
14. Maiden name Harley unk
15. Birthplace unk (City, town, or county) Ark (State or foreign country) 1

16. (a) Informant Florence Lynch
(b) Address 3302 Delmar Blvd

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Bluff Ark

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bellevue

19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1947 hour 11 minutes 10 a M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Patrick E. Dwyer (M. D. or other)

Address Date signed 9/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. J. J. Watson

Licensed Embalmer No. 269

P. O. Address 2769 Short

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.