

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4706

Do not use this space.

REC'D MAR 13 1939

791

1003

1399

1. PLACE OF DEATH 1935 St Charles St

(a) County St. Charles Registration District No. 791

(b) Township St. Charles Primary Registration District No. 1003 Registered No. 1399

(c) City St. Louis (d) Street No. 1935 St Charles Street St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lounell Ward Johnson

(a) Residence, No. 1935 St Charles Street St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15th 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontitoc Mississippi

13. NAME Oliver Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

15. MAIDEN NAME Minnie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonsville Mississippi

17. INFORMANT (ADDRESS) Minnie Ward 1935 St Charles Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb 13th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas. H. Randle & Son 3133 Bell Avenue

20. FILED FEB 13 1939 J. B. Bruleck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938 to Feb 10 1939

I last saw him alive on Feb 8 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset

Carcinoma of Uterus

Other contributory causes of importance: HC

Name of operation clm Date of clm

What test confirmed diagnosis? clm Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify no

(Signed) M. A. W. Randle M. D.

(Address) 2335 1/2 Maple

SEP 27 1949

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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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, above space should be left blank.