WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 1 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31546

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 264
City (No. 8231 Madison St Viniti Park Mo St. Ward)

2. FULL NAME Luella J. Johnson
(a) Residence. No. 8231 Madison St., Viniti Park Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: C. C. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1 - 1860

7. AGE: Years 68 — Months 5 — Days 7 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Dont know. Windland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: C. C. Johnson
(Address) 8231 Madison St Viniti Park.

15. FILED 9/10 1928 Rolla Tracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 8 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 8, 1928, to Sept 8, 1928 that I last saw her alive on Sept 8, 1928, and that death occurred, on the date stated above, at 10 - AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis (anuria) (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Acute Dilatation of Heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) R. E. Wabus, M.D.
9/9, 1928 (Address) 504 Metropolitan Bld

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove. — DATE OF BURIAL: Sept 11 1928

20. UNDERTAKER: Hy Leidner Und Co — ADDRESS: 1417 N. Market St