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

Do not use this space.

35190

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Marine Hosp. St. ..... Ward)

File No. 10174

Registered No. .....

2. FULL NAME Thomas R. Johnson.

(a) Residence. No. 2708 S. 11th Str. St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75. yrs. mos. ds. How long in U.S., if of foreign birth? Native. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millie D. Johnson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77		9	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Aboard Steamer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Johnson.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY)

14. INFORMANT Walter Schutner
(Address) 3640 Marine Ave. St. Louis, Mo.

15. FILED 17, 19 28 Max C Starkoff REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15th 1928.

17. I HEREBY CERTIFY, That I attended deceased from October 15, 1928, to October 15, 1928, that I last saw him alive on October 15, 1928 and that death occurred, on the date stated above, at 7:30 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease, aortic indufficiency

92A
162 70a

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ~~Senilit~~ Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Aboard vessel.

O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Valvular heart disease.

(Signed) F. M. Heon, M. D.

10-16-1928 (Address) 3640 Marine Ave, St. Louis, Mo.

*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 Lakewood Cemetery

DATE OF BURIAL Oct 18 1928

20. UNDERTAKER Witt Bros Sr. & U. Co.

ADDRESS 2929 South Jefferson Ave.

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.