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.

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

Do not use this space.

42779

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 12040

City St Louis Mo (No. St Louis Childrens Hospital St. ..... Ward)

2. FULL NAME Ralph Johnson

(a) Residence. No. Roy, Mo St., 12 Ward. Roy, Mo.
(Usual place of abode) (If nonresident give city or town and State)

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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-24-1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	1	17	

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

9. BIRTHPLACE (CITY OR TOWN): Roy
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Ross Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Roy
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Rozie Gott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Roy
(STATE OR COUNTRY): Mo.

14. INFORMANT: L. Koetting
(Address) 500 N. Kingshighway

15. FILED DEC 11 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-6, 1928, to 12-11, 1928 that I last saw him alive on 12-11, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tumor of Brain (non-malignant)

540

(duration) ..... yrs. 12 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

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

84W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-23-28, 10-13-28, 12-7-28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Geo S Littell, M. D

19 (Address) St Louis Children Hosp

*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: Roy, Mo.

DATE OF BURIAL: Dec 13 1928

20. UNDERTAKER: Philander Craig

ADDRESS: 4468 Washington