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.

File No. 19809
Registered No. 5421

1. PLACE OF DEATH

County ..... Registration District No. 19a
Township ..... Primary Registration District No. 003
City St Louis Mo (No. 4521 Bircher Pl St. ..... Ward)

2. FULL NAME Christopher L. Johnson

(a) Residence. No. 4521 Bircher Pl St., 7 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	6	

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

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

PARENTS

10. NAME OF FATHER L. Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know.
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know.

14. INFORMANT W. H. Myers.
(Address) 4521 Bircher Pl.

15. FILED MAY 16 1929 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1929, to May 14th 1929 that I last saw him alive on May 13th 1929 and that death occurred, on the date stated above, at 3 - P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypostatic Pneumonia 7 d
Bronchi 1 d
1 d
Senile debilitas (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) J. W. Aufire, M. D
, 19 (Address) 3801 Lee Ave

*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 May 17 1929

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