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

Do not use this space.

22575

1. PLACE OF DEATH
County: ST. LOUIS
Registration District No.: 1123
File No.:
Township: Carondelet
Primary Registration District No.: 6248 R
Registered No.: 240
City: (No. 330 Olive av. St. Ward)

2. FULL NAME: Edward R. Johnson,

(a) Residence. No. (Usual place of abode) St., Ward. (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.

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.

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: Christiana Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1860-8-3

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	18	

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

9. BIRTHPLACE (CITY OR TOWN): Philadelphia,
(STATE OR COUNTRY): Penn.

PARENTS

10. NAME OF FATHER: Edward Johnson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Christina Miller,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): England,

14. INFORMANT: Christine Johnson
(Address): 330 Olive av.

15. Filed June 21, 1929 L. C. Obrock M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21st, 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:20 P. M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Uremia - Sclerosis
(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? Medical History
(Signed) John O'Connell M. D.
6/22/ 1929 (Address) Overland, Mo. Coroner

*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: Valhalla Crematory,
DATE OF BURIAL: 6/24/29

20. UNDERTAKER: [illegible]
ADDRESS: 4465 Washington av.