MAR 28 1930

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

Do not use this space.

6289

1. PLACE OF DEATH

County St. Louis — Registration District No. 1124

Township CARONDELET — Primary Registration District No. 8248 B — File No.

City Jefferson Barracks (Mo.) U.S. Veterans Hospital, Jefferson Barracks, Mo. (Ward) — Registered No. 35

2. FULL NAME William M. Johnson.

(a) Residence. No. 5908 Cates Ave., St., Ward.
(Usual place of abode) St. Louis, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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	Colored	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. William M. Johnson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	16	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT G. H. Smith, Clincall Director.
(Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED Feb 13 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 11 1930

17. I HEREBY CERTIFY, That I attended deceased from August 20, 1929, to February 11, 1930 that I last saw him alive on February 11, 1930, and that death occurred, on the date stated above, at 5:51 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate with generalized carcinomatosis.

51C
53E

(duration) Un yrs. kn mos. own ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical, clinical, x-ray and autopsy
(Signed) W. C. Gibson, M.D. M.D.
, 19 (Address) Medical Officer In Charge.
U.S. Veterans Hospital, Jefferson Barracks, 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 National — DATE OF BURIAL 2/14 1930

20. UNDERTAKER Hoffmeister U.L. Co — ADDRESS 7814 S. Broadway

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.