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

Do not use this space.

6853

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 1691

2. FULL NAME Archie Johnson

(a) Residence. No. 3735 Windsor Pl. St., 11 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: male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1883

7. AGE: Years 46 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electric Welder

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Va.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Whitlock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marrier Lawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.

(STATE OR COUNTRY)

14. INFORMANT Jennie McDonald

(Address) 3735 Windsor Pl.

15. FILED ..... 19 ..... May C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-3- 1930 to 2-14- 1930, that I last saw him alive on 2-13- 1930, and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10X

10b A

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) acute Bronchitis

not Tubercular (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 10A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr Edward Bell, M. D.

2-14, 1930 (Address) 12 South Euclid 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: Lorain Ohio

DATE OF BURIAL: 2/18 1930

20. UNDERTAKER: R. M. L. Green

ADDRESS: 3517 Laclede Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Erving & Laclede.