

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

Do not use this space.

7097

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003 #2  
City St. Louis Mo. City Hospital #2 St. .... Ward.....

File No. ....  
Registered No. 1966  
St. .... Ward.....

**2. FULL NAME**

Bernie Johnson

(a) Residence. No. 3129 Adams St., 18 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 1

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-14-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 11 27

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

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

10. NAME OF FATHER Dave Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Tenn

12. MAIDEN NAME OF MOTHER Edna Finney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Tenn

14. INFORMANT A. Gertrude Creath  
(Address) City Hospital #2

15. FILED 35 19 38 Wm C Staley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1938

17. I HEREBY CERTIFY, That I attended deceased from 2-7, 1938, to 2-11, 1938 that I last saw him alive on 2-11, 1938, and that death occurred, on the date stated above, at 9:25 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
930 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 906 (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Home

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

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Dr. Rathers M. D.

4/13 . 19 38 (Address) City Hosp. #2

\*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 DATE OF BURIAL  
Father's house 2-27-38

20. UNDERTAKER ADDRESS 4202  
W. Wade

K. 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.

