

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

Do not use this space.

20520

20018

1. PLACE OF DEATH

County St. Louis Registration District No. 188
Township Central Primary Registration District No. 1491
City Highwood No. 1827 Collier Ave St. 1 Ward 1

File No. _____
Registered No. 57
St. 1 Ward

2. FULL NAME

Lewis H. Johnson
(a) Residence. No. 1027 Collier Ave St. _____ 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. L. H. Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 - 1894

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
76 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Millwright
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Michigan

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

14. INFORMANT Andrew B. Johnson
(Address) Michigan

15. FILED 6-28-30 Arthur W. Westrup
REGISTRAR
Joe Eric Nelson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-23, 1929, to 6-28, 1930, that I last saw him alive on 6-27, 1930 and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Bladder
5TB

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Acute myocarditis
(SECONDARY)

(duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

11 NOT AT PLACE OF DEATH Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) Arthur W. Westrup M. D.

6-28, 1930 (Address) Helbette House No

*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

Sunset Burial Park DATE OF BURIAL June 30 1930

20. UNDERTAKER

Zugenheim Bros ADDRESS 2623 Cherokee

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.

