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

Do not use this space.

3080

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis Mo. (No. St. Lukes Hospital St. Ward)

File No. 287

Registered No.

2. FULL NAME Allen H Johann

(a) Residence. No. 8531 Nat'l Brdg. Rd. St., 12 Ward. St. Louis Co. Mo
(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	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 ~~XXXXX~~ Maude Johann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-2-1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bookkeeper 251
(b) General nature of industry, business, or establishment in which employed (or employer) (retired 20 yrs.)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin 2

PARENTS

10. NAME OF FATHER Arthur Johann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin

14. INFORMANT Maude Johann
(Address) 8531 Natl Bridge Rd

15. FILED ..-8-1931 Ray C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Jan 6, 1931 that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at 5:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Failure.

Possible Pulmonary Embolism.

111A (duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) ✓ (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? Physical Examination. Pulse Irregular

(Signed) D. B. Stutzman M. D.

Jan 7, 1931. (Address) 234 University Club Bldg.

Dr. D. B. Stutzman

*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
Mo. Crematory	1-9 1931

20. UNDERTAKER Allen H McKaughey ADDRESS 1631 MO.

Do not write above this line, so that it may be properly classified. Exact statement of OCCUPATION is very important.