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

Do not use this space.

7683

File No. 2045

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No.

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME ARTHUR JOHNSON

(a) Residence. No. 1303 N. GARRISON St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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)
M	C	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5 — 15 — 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	7	27	

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) DOMESTIC

(c) Name of employer SERVANT

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER JAMES JOHNSON

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

12. MAIDEN NAME OF MOTHER MARIE CALLOWAY

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

14. INFORMANT A. GERTRUDE CREATH

(Address) City Hospital #2

15. FILED FEB 16, 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 — 12 — 1931

17. I HEREBY CERTIFY, That I attended deceased from 2 — 9 —, 1931, to 2 — 12 —, 1931 that I last saw h. alive on 2 — 12 —, 1931, and that death occurred, on the date stated above, at 2:55 P. m.

108 THE CAUSE OF DEATH* WAS AS FOLLOWS:

LOBAR PNEUMONIA

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

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

18. WHERE WAS DISEASE CONTRACTED 108 IF NOT AT PLACE OF DEATH UNKNOWN

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? AUTOPSY - CLINICAL

(Signed) Henry A. Adeeptow M. D.

2-15-, 1931 (Address) City Hospital #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 Washington Park — DATE OF BURIAL 2-16 - 1931

20. UNDERTAKER Pohlmann — ADDRESS 2931 Lucas

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 FORM MUST BE FILED WITH THE REGISTRAR