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.

NOV 28 1931

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

Do not use this space.

35669

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1160 — File No.:
Township: Central — Primary Registration District No.: 4470 — Registered No.: 128
City: University City (No. 6402, Enright Av St. Ward)

2. FULL NAME: William A. Johnson
(a) Residence, No. 6402 Enright 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): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Luella Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-15-1849.
7. AGE: YEARS 82 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired.
10. Date deceased last worked at this occupation (month and year): 15 years
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martinsburg. Indiana.

FATHER
13. NAME: David Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Caroline Johnson (nee)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Burdette Johnson 6402 Enright Av
18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cem. DATE: Oct 21, 1931
19. UNDERTAKER (ADDRESS): Peltz Bros. 3029 Lafayette Ave
20. FILED: Oct. 19, 1931 Lena V. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 19th, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1931, to Oct 18, 1931
I last saw him alive on Oct 18, 1931. Death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis — Date of onset
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Other contributory causes of importance:
Name of operation: Date of:
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Percy Newman, M. D.
(Address) 3903a Olive

3903 Alma St