

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

Do not use this space.

6579

**1. PLACE OF DEATH**

County ..... Registration District No. .... File No. ....  
 Township ..... Primary Registration District No. .... Registered No. **1651**  
 City St. Louis No. City Hospital #2 St. .... Ward .....

**2. FULL NAME**

Ella Johnson  
 (a) Residence, No. 3228 Pine St. 21 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Ab-46

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Geo. Johnson 3228 Pine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE 2-20 1952

19. UNDERTAKER (ADDRESS) C. W. Roberts 3035 Levee

20. FILED 19 1952 Mar 2 Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance 19 1932

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 119 m.

The principal cause of death and related causes of importance were as follows:  
96

Ruptured Artery of Abdomen (Non-traumatic)

Other contributory causes of importance:  
96 (9)

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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..... No Injury  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) J. W. Fennel M.D.  
Dep. Coroner  
 2/17/32

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.

