

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

Do not use this space.

14495

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1205
City St. Louis No. City Hospital 2 (No. City Hospital 2)

File No.....
Registered No. 3861
St..... Ward)

2. FULL NAME Spencer Johnson

(a) Residence, No. 1721 Maple St. 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-16-1907</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
OCCUPATION <u>Quater Boy</u>		<u>732</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss 2</u>		
13. NAME <u>Spencer Johnson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Carrie Watson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT <u>Gertrude Creel #2</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>St. Louis</u> DATE <u>4/24</u> 19 <u>32</u>		
19. UNDERTAKER <u>R. M. C. Green</u>		
(ADDRESS) <u>3514 Franklin Ave</u>		
20. FILED <u>20</u> <u>St. Louis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-16-1932 to 4-16-1932.
I last saw him alive on 4-16-30, 1932 Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset

Other contributory causes of importance

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

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) Creel, M. D.
(Address) C. T. Y. Hosp. No. 2

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.

