

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

Do not use this space.

18117

1. PLACE OF DEATH

County

Registration District No. 792

Township

Primary Registration District No. 10034

City St. Louis Mo (No. City Hospital 2)

File No.

Registered No. 5093

St. Ward)

2. FULL NAME

Elizabeth Johnson

(a) Residence, No. 10213 1/2 Biddle St. 25 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) La 2

FATHER 13. NAME Douglas Wilson 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

MOTHER 15. MAIDEN NAME Manassa Jackson

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

17. INFORMANT (ADDRESS) a Kertaudy Creath City Hospital # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 5-26 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Ridge St

20. FILED MAY 20 1932 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2-1932 to 5-19-1932
I last saw h W alive on 5-19, 1932 Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Other contributory causes of importance: 930
Date of onset

Name of operation Date of
What test confirmed diagnosis? W. S. C. 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) C. M. Smith, M. D.
(Address) CITY 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.

