

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

Do not use this space.

27436

1. PLACE OF DEATH

County Registration District No. 77
Township St. Louis Mo. Primary Registration District No. Familiarium
City St. Louis Mo. (No.) Familiarium St. Ward

File No.
Registered No. 7241
St. Ward

2. FULL NAME

Antonia Johnson
(a) Residence, No. 4436 Morganford St. 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 1/2 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Max Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 25

OCCUPATION

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.
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) Unknown Germany 10

FATHER

13. NAME Fred. Wm. Kaiser

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
15. MAIDEN NAME Henrietta Bubow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) William T. Gutter 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Pauline Aug 6th 1932

19. UNDERTAKER (ADDRESS) C. R. Duxton & Sons, 4449 Olive Street

20. FILED 31932 Max C. Fawcett Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 4, 1932
I last saw him alive on Aug 3, 1932. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:
As Broncho pneumonia

Date of onset 8/1/32

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? no

If so, specify
(Signed) William T. Gutter, M. D.
(Address) 5400 Arsenal St

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.

