

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

Do not use this space.

**37561**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1002**  
City..... **St. Louis** (No. **2744**, **Lafayette Ave.**) St. .... Ward .....

File No. **10236**  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. **2744 Lafayette Ave.** St. **23** Ward .....

(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary E. Johnson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>about 1869</b>		
7. AGE YEARS <b>63</b>	MONTHS <b>-</b>	DAYS <b>-</b>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION (#) 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) <b>9-28</b>	<b>Cleric</b>	
	<b>Grain - Retail</b>	
	11. Total time (years) spent in this occupation <b>40 1/2</b>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
**St. Louis, Mo**

FATHER  
13. NAME **unknown**

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

MOTHER  
15. MAIDEN NAME **"**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **"**

17. INFORMANT (ADDRESS)  
**Mrs Logan Johnson 2744 Lafayette Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Cemetery** DATE **Nov 22 1932**

19. UNDERTAKER (ADDRESS)  
**Petty Bros 3029 Lafayette Ave**

20. FILED **NOV 20 1932** Registrar **Chas H. Kemmler**

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from **June 25, 1932 to November 19, 1932**  
I last saw him alive on **November 18, 1932** Death is said to have occurred on the date stated above, at **10:20 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Chronic myocarditis** Date of onset **24 years ago**

Other contributory causes of importance:  
**930 950**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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..... **(1)**

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **Chas H. Kemmler** M. D.  
(Address) **3232 Lafayette Ave**

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.

