

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. HOME
City St. Louis (No. 4043 Fair Ave)

File No. 42572
Registered No. 11714
St. Ward)

2. FULL NAME

(a) Residence, No. 4043 Fair St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20, 1868</u> | | |
| 7. AGE YEARS <u>64</u> | MONTHS <u>9</u> | DAYS <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clerk</u> | | 11. Total time (years) spent in this occupation <u>253</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Security Benefit Ass</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |

| | |
|------------------------------------------------------------------------------------------|-----------|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u> | <u>24</u> |
| 13. NAME <u>Fred Johnson</u> | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u> | |
| 15. MAIDEN NAME <u>Unknown</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Hattie Johnson</u> <u>4043 Fair</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Dec 31, 1932</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Ashton L. Co.</u> <u>2700 N. 1st St.</u> | |
| 20. FILED <u>DEC 29 1932</u> <u>May C. Johnson</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932, to Dec. 27, 1932.
I last saw him alive on Dec. 26, 1932. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Liver
with bile ducts
466
Other contributory causes of importance: Cholera

Name of operation None 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 —
Nature of injury —

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

(Signed) F. Pedersen M. D.
(Address) University of Ceph Belg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

