

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

Do not use this space.

7596

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 90748
City St. Louis, Mo. (No. 4442 Kennerly Ave. St. Ward)

File No.
Registered No. 1552
St. Ward)

2. FULL NAME Charlie Johnson

(a) Residence, No. 4442 Kennerly Avenue, St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unknown 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>Nora Johnson</u> <u>WIFE OF</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1863?</u>		
7. AGE, YEARS <u>About 69</u>	MONTHS ----	DAYS ---
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Employee</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>South Carolina</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Unknown</u>
	17. INFORMANT <u>Edward Johnson</u> (ADDRESS) <u>4442 Kennerly</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Feb. 15, 1933</u>	
19. UNDERTAKER <u>Charles J. Bates</u> (ADDRESS) <u>4107 Finney Ave.</u>	
20. FILED <u>FEB 14 1933</u> <u>Miss [Signature]</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1933, to 2/11, 1933
I last saw him alive on 2/11, 1933. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
causing (Uremia)
13!
13!
13+5
162
Other contributory causes of importance:
Senility (Age)
Albuminuria

Name of operation Date of
What test confirmed diagnosis? Uremia 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) [Signature], M. D.
(Address) 8092 [Address]

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.

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31
31

