

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

Do not use this space.

7958

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo (No. 2736 Mill St)

File No.....  
Registered No. 1958  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2736 Mill St, 21 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 11 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>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12 / 32</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
		<u>11</u>	<u>10</u>	
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).....		11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark St. Louis Mo</u>			
	13. NAME <u>Iceland Johnson</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark</u>			
	15. MAIDEN NAME <u>Emma Talane</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark</u>			
17. INFORMANT <u>Emma Johnson</u> (ADDRESS) <u>2736 Mill St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Feb 28</u> , 19 <u>33</u>				
19. UNDERTAKER <u>Pope &amp; English</u> (ADDRESS) <u>293 Genus ave</u>				
20. FILED <u>Feb 28 1933</u> <u>W. J. Stanley</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-7- 1933, to 2-16- 1933  
I last saw h. l. m. alive on 2-16- 1933. Death is said to have occurred on the date stated above, at 11:35 P.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis, Pulm Date of onset unknown  
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Other contributory causes of importance:

Name of operation None Date of.....  
What test confirmed diagnosis? X-Ray 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.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Norman E. Miller M. D.  
(Address) 31459 S. Grand

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 LEGAL RECORD

