

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

Do not use this space.

11484

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **City Hospital # 2**)

File No.

Registered No. **2558**

St. Ward)

2. FULL NAME **John Williams Johnson**

(a) Residence, No. **1117 217 St.**
(Usual place of abode)

St. **25** 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 **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **About 42**

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. **Labor**

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**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Geztrina Trabb**

(ADDRESS) **1117 217 St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Patton Field** DATE **3/16/33**

19. UNDERTAKER **Wm. Mc. Driscoll**

(ADDRESS) **35 N. Franklin**

20. FILED **APR 16 1933** 19 **33**

Registrar. **Wm. Driscoll**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 4, 1933**

22. I HEREBY CERTIFY, That I attended deceased from

19... to... 19...

I last saw him alive on... Death is said

to have occurred on the date stated above, at... m.

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

Fracture Skull, Rupture of Brain - struck by fist on Feb. 19, 1933, in St. Louis, Mo.

Other contributory causes of importance:

175 D Homicide

Name of operation... 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? **Homicide** Date of injury **2/19, 1933**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Public Place**

Nature of injury **Struck with fist**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **Sarah J. Stuef** M.D.

(Address) **124 N. 1st 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.

RESERVED FOR BIRTH

READING INK - THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH

Every item of information should