

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

Do not use this space.

18553

1. PLACE OF DEATH

County St. Louis Registration District No. 701
 Township St. Louis Primary Registration District No. 10003
 City St. Louis (No. 5 of Wards to City Tray #1)

File No. 4848
 Registered No. 4848
 St. Ward

2. FULL NAME

Eric Johnson
 (a) Residence, No. 3913 W. Pherson St., 19 Ward.

(Usual place of abode) (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.
 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

MOTHER FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John J. Sweeney
Records Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE 4/5 1933

19. UNDERTAKER (ADDRESS) Deats Bros.
2024 Lafayette

20. FILED 11/11 - 3 1933 19 J. A. Predeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on 19 . Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Acute Alcoholic Poisoning to due drunk wood alcohol
Whether accidental or intentional not ascertained
 Date of onset

Other contributory causes of importance:
179M 179 49

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? 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) Harold P. Baker M.D.
 (Address)

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.

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