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.

AUG 28 1933

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 File No. 24540

Township ..... Primary Registration District No. 1003 Registered No. 5925

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 3596 Joseph F. Johnson

(a) Residence, No. 2026 Arsenal St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 4 1868

7. AGE: YEARS 64 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer
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): St Louis Mo

FATHER
13. NAME: James Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Jane Slowey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Hospital Information Mildred Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sun Set Burial DATE July 7 1933

19. UNDERTAKER (ADDRESS): Thos Kutis 2906 Gravois Ave

20. FILED LL -6 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1933 to 7/4, 1933

I last saw him alive on 7/4, 1933 Death is said to have occurred on the date stated above, at 10:00 p.m.

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

	Date of onset
Carcinoma of Nose	6-3-33 +
Arterio Sclerosis	
Hypertension	6-3-33 +
52	
97	
100	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + 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) Arthur A. Hines M. D.
(Address) City Hospital