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.

NOV 10 1933

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

Do not use this space.

34666

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 8827

Township ..... Primary Registration District No. ..... Registered No. 8827

City St Louis Mo (No. 3521 Michigan ave St. ..... Ward)

2. FULL NAME Loren E Johnson

(a) Residence, No. 3521 Michigan ave St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1865

7. AGE YEARS 68 MONTHS 9 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Kansas

FATHER
13. NAME Eason Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Diana Overfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Ida Johnson 3521 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kansas DATE Oct 13 1933

19. UNDERTAKER (ADDRESS) John L Ziegenhein & sons 7027 Gravois ave

20. FILED 11 1933 19 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from September 20th, 1933, to October 11th, 1933

I last saw him alive on October 10th, 1933. Death is said to have occurred on the date stated above, at 1:50 m.

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

	Date of onset
92A	
Acute Dilatation	10/1/33
92 (Cardiac)	
92B	
102	
97	

Other contributory causes of importance:

Hypotension Chronic	5 yrs.
Mitral Stenosis	
0	

Name of operation None Date of .....

What test confirmed diagnosis? Phy findings 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) August E. Hechman, M. D.

(Address) 6194 Delmar Blvd