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

Do not use this space.) 41452

JAN 26 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 703

City St Louis Mo. (No. 2945 Lawton Bld City Hosp #2 St. ..... Ward)

File No. .....

Registered No. 10456

2. FULL NAME Edgar Johnson

(a) Residence, No. 4436 - Maffitt 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 29 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1913

7. AGE: Years 20 | Months 4 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

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) Unknown

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

FATHER

13. NAME William Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo

MOTHER

15. MAIDEN NAME Tempy Rousan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT R. Berdeau
(ADDRESS) City Hospital No 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec. 5th, 1933

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED Dec 5 1933, 19 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1933, to 12-2-, 1933

I last saw h... alive on 12-2-, 1933. Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Pulmony Tuberculosis 23A — Date of onset 9-15-33

Other contributory causes of importance: Cough, General weakness, Loss of weight.

Name of operation ..... 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? .....

If so, specify .....

(Signed) C. R. Smith, M. D.

(Address) 2945 - Lawton City Hosp. #2.

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 PERMANENT RECORD

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