

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

Do not use this space.

2393

1. PLACE OF DEATH

County St. Louis Registration District No. 184
 Township St. Ferdinand Primary Registration District No. 6030
 City Judithville Mo. (No. 2041 Mc Laran) St. _____ Ward _____

2. FULL NAME August Johnson

(a) Residence, No. 2041 Mc Laran St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

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 Louise Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1876
 7. AGE YEARS 58 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanics Planing Mill
 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
 FATHER
 13. NAME John Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 MOTHER
 15. MAIDEN NAME Mary Kuehmann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 17. INFORMANT Louise Johnson
 (ADDRESS) 2041 Mc Laran St. Judithville
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Vincent's Cath. Ch. DATE Jan 26 1934
 19. UNDERTAKER Heiderwider Funeral Home Inc.
 (ADDRESS) 1936 St. Louis Ave.
 20. FILED Jan 30 1934 J. G. Zeidler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/34, 19____
 22. I HEREBY CERTIFY, That I attended deceased from 1/29/34, 19____, to 1/29/34, 19____.
 I last saw him alive on 1/29/34, 19____. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
with heart
 Date of onset 1/29/34
 Other contributory causes of importance: none
 Name of operation none Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury _____, 19____
 Where did injury occur? none (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) J. Steyer, M. D.
 (Address) 6815 W. Florissant

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.

FEB 27 1934
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