

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 10)

Registration District No. 489
Primary Registration District No. _____

File No. 2448
Registered No. _____
St. _____ Ward _____

2. FULL NAME Alfred Johnson

(a) Residence, No. R R 1 Box 140 Robertson 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 (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy
9. Industry of business in which work was done, as silk mill, saw mill, bank, etc. _____
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 County Mo.

FATHER 13. NAME Alfred Johnson

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

MOTHER 15. MAIDEN NAME Ellen S. Walters

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

17. INFORMANT (ADDRESS) Alfred Johnson Central R.R. Box 140

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVAIRY CEM DANIS 34 DATE _____

19. UNDERTAKER (ADDRESS) J. A. O'Sh. Finnan 1519 So Grand St. St. Louis

20. FILED 1-13-1944 Eda Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11, 1934

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 3:15 PM

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

Maceration of brain on the left cerebellar hemisphere. Hemorrhage into base of brain. Multiple fractures of the base and vault of the skull.

Other contributory causes of importance: Many body bruises and abrasions with crushing and fracture of r. shoulder. Hemorrhage and shock.

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy 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) Luke B. Timmon M.D.
(Address) 2718 Jennings Rd. St. Louis, Mo.

Buscransinto pedestrian, on the St. Charles
Rock Road, near Charlock Ave. St. Louis County.
Deceased was pronounced dead at Dr. Mansfield's
office, 8900 Bristol, 1/11/34. Place of accident
known as St. Johns Mo. St. Louis County, Central Twp.

Verdict of the Jury: Deceased came to his
death by an automobile accident and are
unable to determine fault and we leave same
to an open verdict.