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

Do not use this space.

2580

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 181

City St. Louis, 500 S. Kingshighway St. Louis Childrens Hosp. Ward)

2. FULL NAME Norman Johnson

(a) Residence, No. 2120 Oak St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W.	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	5	1	24	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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 Charles Johnson

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

MOTHER

15. MAIDEN NAME Bernice McCrea

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

17. INFORMANT (ADDRESS) J. McIlvin. 500 S.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE Jan 6 1934

19. UNDERTAKER (ADDRESS) Tanner Und Co 6109 Natural Bridge

20. FILED JAN 5 1934 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-31-33, 19..., to 1-4-34, 19...

I last saw him alive on 1-4-34, 19... Death is said to have occurred on the date stated above, at 2 10 a.m.

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

	Date of onset
Nephritis, acute hemorrhagic following	Dec 23, 1933
Tonsillitis (non diphtheric)	
1156	
130	

Other contributory causes of importance:

Myocarditis, acute	12-29-33
Heart Failure, congestive	

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

What test confirmed diagnosis? ..... 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) E. L. Glasscock, M. D.

(Address) St. Louis Children's Hospital

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.

1934