

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 25 1934

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

Do not use this space.

10510

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4219**), **Clarence Ave.**, St. _____ Ward _____

2. FULL NAME **Norman William Johnson**
 (a) Residence, No. **4574 Newberry Terrace**, **12** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 10th, 1915**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
18	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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

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

13. NAME **William Johnson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Esmeralda Marowitz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Esmeralda Johnson**
4574 Newberry Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Lebanon Cem.** DATE **Mar. 7th 1934**

19. UNDERTAKER (ADDRESS) **Drehmann Funeral**
1905 Union Blvd.

20. FILED **J. B. Beck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 4th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **March 1st 1934**, to **March 4th 1934**
 I last saw him alive on **March 4th 1934** Death is said to have occurred on the date stated above, at **11:45 am**.
 The principal cause of death and related causes of importance were as follows:
Status Epilepticus Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Convolutions** 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) **A. Jettinger**, M. D.
 (Address) **2745 W. Grand Bl**

2745 N. S. Road

700 3653

9-10