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.

10657

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2478

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

City St. Louis, Mo. (No. U.S.Marine Hospital, 3640 Marine Ave., St. 10 Ward)

2. FULL NAME John Johnson

(a) Residence, No. 2518 North 9th Street. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie J. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Feb. 28, 1934
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Arkansas

FATHER

13. NAME: John Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

MOTHER

15. MAIDEN NAME: Mollie Purcill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Green Pinkston 3640 Marine Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE 3/12 1934

19. UNDERTAKER (ADDRESS): C. Hoffmeister U L Co 7814 So Broadway

20. FILED MAR 12 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, 19..., to March 10, 1934, 19...
I last saw him alive on March 10, 1934, 19... Death is said to have occurred on the date stated above, at 6:00 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, streptococcus	3-2-34
79-A	
76	
Other contributory causes of importance: Leukemia, myelogenous	Unknown

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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) L. Zbranek, M. D.
(Address) U. S. Marine Hospital, St. Louis, Mo.

Certified: D J Prather, Med. Off. Charge