

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **St. Johns Hospital**)

File No. **14348**
Registered No. **3520**
St. Ward)

2. FULL NAME

(a) Residence, No. **Charles W. Johns** St. **NR** Ward. **Louisiana Mo.**
(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.

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 **Ester Johns**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 9-1885**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	48	5	29	

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

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) **Pike Co Mo**

MOTHER 13. NAME **J. Frank Johns**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bowling Green Ky.**

MOTHER 15. MAIDEN NAME **Susie Kelly**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pike Co Mo.**

17. INFORMANT **Mrs Charles Johns** (ADDRESS) **Louisiana Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pike Co Mo** DATE **4-11** 19. **34**

19. UNDERTAKER (ADDRESS) **Albert H. Hoppe Inc. 429 W. Campbell Ave.**

20. FILED **6** 19 **19** **J. W. Brebeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 8** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **4-5**, 19**34**, to **4-8**, 19**34**
I last saw him alive on **4-7**, 19**34** Death is said to have occurred on the date stated above, at **2:10 P.M.**
The principal cause of death and related causes of importance were as follows:

1) **Coronary arteriosclerosis** Date of onset **years ago**
2) **Myocardial Insufficiency** " "**Co**
3) **9312**

Other contributory causes of importance: **None Cause unknown**
1) **Kyphosis of spine due to destruction of body of 2nd lumbar vertebra**

Name of operation..... **None** Date of operation.....

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? **No.**

If so, specify (Signed) **J. Hammond** M. D.
(Address) **Wall City,**

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.

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