

**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 North
City St. Louis (No. 573)

Registration District No. 791
Primary Registration District No. 1003

File No. 18952
Registered No. 5471
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 573 Palm St St. 6 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>The Late Marie Johns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Machinist</u>		11. Total time (years) spent in this occupation <u>13</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dosenpart Iowa</u>		
13. NAME <u>John Johns</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Tsch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Ben Johns 573 Palm St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 23 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Cadwell 4600 Natl Bridge av</u>		
20. FILED <u>1934 - 1 10</u> <u>Joe R. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1932 to May 30 1934

I last saw him alive on May 30 1934 Death is said to have occurred on the date stated above, at 8 P m.

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

Chc nephrosclerosis
chronic sclerosis
Chc nephritis

Date of onset 131

Other contributory causes of importance:
Chc passive congestion of liver.

Name of operation none Date of _____

What test confirmed diagnosis? Chemist Was there an autopsy? _____

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) Samuel Woff, M. D.
(Address) 2906 W. Linn

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.

