

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.

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

Do not use this space.

NOV 13 1934

37315

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. American Hospital)

File No.
 Registered No. **9718**
 St. Ward)

2. FULL NAME

Infant of Isaac & Grace Johnson
 (a) Residence, No. 2311 University St. Ward 20
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October - 1st 1934
7. AGE YEARS MONTHS DAYS **If LESS than 1 day, hrs. or min.**
2

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. none
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 Isaac Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miramani

15. MAIDEN NAME Grace Mc Bride

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Isaac Johnson 2311 University

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Oct 4 1934

19. UNDERTAKER (ADDRESS) Leidner Undert. Company 2223 St. Louis Ave.

20. FILED 19 10/31/34 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from 10. 11 1934 to 10. 3 1934
I last saw him alive on 10. 3 1934 **Death is said to have occurred on the date stated above, at** 10 A. m.
The principal cause of death and related causes of importance were as follows:

Premature
(6 1/2 months)
157
157
Other contributory causes of importance:
Ruptured Bow water
9. 24/34

Name of operation **Date of**

What test confirmed diagnosis? **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?
If so, specify

(Signed) T. J. Kueck M. D.
 (Address) 4503 Washington Ave

1770