

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

Do not use this space.

1. PLACE OF DEATH 12 1935

**791
1003**

37628

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City St. Louis

(No. City Hospital)

St. Ward)

2. FULL NAME Clifford Johnson

(s) Residence, No. 365 1/2 Minnesota St., 16 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 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 Dorothy Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1906

7. AGE YEARS 29 MONTHS 8 DAYS 26 If LESS than 1 day, hrs. or min.

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

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. 3

12. BIRTHPLACE (CITY OR TOWN) Detroit Mich. (STATE OR COUNTRY)

13. NAME Paul Johnson

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

15. MAIDEN NAME Fannie Wickerson

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

17. INFORMANT Dorothy Johnson (ADDRESS) 265 1/2 Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Mich. DATE Nov. 16 1935

19. UNDERTAKER Reiderowich Funeral Home (ADDRESS) 1936 St. Louis Ave.

20. FILED 16 1935 19. J. H. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at 6:45 A.M.

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

Septic Erysipelas due to crushed sternum, result of automobile accident between auto driver (hydrogned) and mother auto at intersection. Date of onset

Other contributory causes of importance: 1941-21

210 717

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/13/35

Where did injury occur? Palms Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury see above.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Harold A. Deuel M. D. (Address) 1936 St. Louis Ave.

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.

RECORD WITH ENVELOPE INSIDE—THIS IS A PERMANENT RECORD

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