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

JAN 10 1937

Do not use this space.

46500

File No. 12289

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No.1 St. Ward)

B. 12660

2. FULL NAME Robert Johnson

(a) Residence, No. 919 a Walton St., 12 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idell Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1988

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	2	13	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BANNER IRON

10. Date deceased last worked at this occupation (month and year) Aug 1928

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Alex Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER

15. MAIDEN NAME Anna La Beria

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

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peters & Paul DATE 12/16/36

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor ave

20. FILED 19 DEC 15 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/30/36, 19, to 12/13/36, 19

I last saw him alive on 12/13/36, 19. 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:

	Date of onset
Uremia	12/11
Paralytic ileus	12/11
operation for Hy pertrophy of Prostate	

Other contributory causes of importance:

137

Name of operation 2nd stage prostatectomy Date of 12/10/36

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Thos W. Foam, M. D.

(Address) City Hospital No.1

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