

NOV 19 1936

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 187  
 Township Meramec Primary Registration District No. 6037  
 City Ellisville, Mo. (No. Dr. Scott's residence, St. \_\_\_\_\_ Ward) 2  
 (Birdie)

2. FULL NAME Bert Johnson

(a) Residence, No. 6919 Alamo Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Clayton, Mo. (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.

File No. 2940  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Etta Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6. 1873</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Interior Decorator</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>			
	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) <u>St. Clair, Mo.</u>				
FATHER	13. NAME <u>Robert R. Johnson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Frances Thomas</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Etta T. Johnson</u> (ADDRESS) <u>6419 Alamo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mozelle, Mo.</u> DATE <u>11/21</u>				
19. UNDERTAKER <u>Robert J. Ambruster</u> (ADDRESS) <u>6633 Clayton Road</u>				
20. FILED <u>Nov 20 1936</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/36 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_. Death is said to have occurred on the date stated above, at 8:30PM

The principal cause of death and related causes of importance were as follows:  
Multiple abrasions and lacerations over body, extremities, and head. Multiple fractures of ribs bilateral, puncturing and lacerating both lungs. Fracture of spine in the upper thoracic area entirely separating spine. Masceration of liver and spleen. Masceration of heart caused by perforated fragments of spinal column and per- Date of onset \_\_\_\_\_

Other contributory causes of importance: over  
separating spine. Masceration of liver and spleen. Masceration of heart caused by perforated fragments of spinal column and per- Date of \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy Was there an autopsy? YES

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) John P. [Signature], M. D.  
 (Address) 3718 Junnige Rd  
Clayton, Mo.

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

ferating ribs tearing the heart as described.  
Secondary; Mascularation of vital organs. Internal  
and external hemorrhage followed by immediate death.

Automobile overturned at Ellisville, Mo. Meramec  
Township, St. Louis County, Mo.

Verdict of Jury: Due to unavoidable accident when  
automobile overturned.