

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

Do not use this space.

MAY 31 1937

17579

1. PLACE OF DEATH
96 County St. Louis Registration District No. 790
2 Township Clayton Primary Registration District No. 6032
4 City Clayton (No. St. Louis Co Hosp) St. _____ Ward _____
3 2. FULL NAME Johnson Rosa
(a) Residence, No. 9200 Noel Brook St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 0 10
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer
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) 10/12/36
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Lee Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Polly Coffey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT Louise Conroy
(ADDRESS) 9200 Noel Brook Pl.
18. BURIAL, CREMATION, OR REMOVAL PLACE Waltham Cem DATE 4/19 1937
19. UNDERTAKER Baumann Bros Inc
(ADDRESS) Overland Mo
20. FILED 4/19 1937 Dr J Squelli
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1937
22. I HEREBY CERTIFY, That I attended deceased from 3/18 1937 to 4/17 1937
I last saw him alive on 4/17 1937 Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of oesophagus
He
Other contributory causes of importance:
chronic myocarditis
Name of operation oesophagostomy Date of 5/16/37
What test confirmed diagnosis? Biopsy 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) L Allison M. D.
(Address) St. Louis County / Hosp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

