

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. 1003
(No. Missouri Baptist Hospital)

791

22606

File No.....
Registered No. 6358
St. Ward)

2. FULL NAME Joseph W. Johnson,

(a) Residence, No. Route 2 Box 175, St. NR Ward. Creve Coeur, Mo.
(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 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 Ella Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1893.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>3</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TRUCK
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) Missouri

13. NAME William Johnson

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

15. MAIDEN NAME Mary Able

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

17. INFORMANT (ADDRESS) Mrs. Ella Johnson
Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem., DATE July 1/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark,
1125 Hodianont Ave.,

20. FILED J. B. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28/37. 19

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 11:05 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Arteriosclerosis
Other contributory causes of importance:

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? ✓ 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? No
If so, specify Joseph M. Johnson, M.D.
(Address) Deputy Coroner

JUN 30 1937

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.

OCCUPATION 510

