

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

32278

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **DePaul Hospital**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harley D. Johnson

(a) Residence, No. **4042 Goodfellow Ave.** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Agnes Johnson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 10th, 1881**
7. AGE YEARS **56** MONTHS **6** DAYS **23** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Heating Contractor**
9. Industry or business in which work was done, as saw mill, bank, etc. **Standard Heating Co.**
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) **Indiana**

13. NAME **William P. Johnson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Belle Ray**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT (ADDRESS) **Agnes Johnson 4042 Goodfellow Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem.** DATE **Sept. 6th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Frederick H. Van Al 1905 Union Bldg.**

20. FILE **SEP 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3rd 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1 1937** to **Sept. 3 1937**
I last saw him alive on **Sept. 3 1937** Death is said to have occurred on the date stated above, at **4:10 P.M.**
The principal cause of death and related causes of importance were as follows:

Date of onset **8/30/37**
Other contributory causes of importance:
Renal Hemorrhage 9/5/37

Name of operation Date of
What test confirmed diagnosis? **Spinal fluid** 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 **Spinal fluid**
(Signed) **J. Bredeck**, M. D.
(Address) **St. Louis, Mo.**

W. Simpson
3882 Washington

STATEMENT BY LICENSED EMBALMER

I, Walter H. Dwyer, Licensed Embalmer No. 3882
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Walter H. Dwyer
L. E.
No. 3882 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter H. Dwyer
Licensed Embalmer No. 3882

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)