

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

36049
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. 4 1003
 (b) Township Primary Registration District No. Registered No. 9626
 (c) City St. Louis Mo. (d) Street No. En route City Hospital #2 St.
 (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 yrs. mos. ds. 11 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Toncie Johnson (TONCIE JOHNSON)
 (a) Residence, No. 2624 Walnut St. 22
 (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ulla Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 15
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Miss
 13. NAME Joe Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
 15. MAIDEN NAME Emma
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass
 17. INFORMANT (ADDRESS) Luella Donahue
Caro St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father-Dickson DATE Oct 16 1937
 19. FUNERAL DIRECTOR (ADDRESS) F. A. Greer
2915 Franklin Ave.
 20. FILED OCT 16 1937 J. Bredeck Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/37 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 2:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Primary Lobar Pneumonia
 Date of onset 10/8
 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 Alfred G. Henry, M.D. (Signed) Republic County (Address)

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.

2432 25 2

STATEMENT BY LICENSED EMBALMER

I, Rex E. Campbell, Licensed Embalmer No. 3881

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Rex E. Campbell

I. E.

No. 3881 or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Rex E. Campbell

Licensed Embalmer No. 3881

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.)