FEB 12 1938

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

310
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1013 Registered No. 166

(c) City St. Louis (d) Street No. Deaconess Hospital 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM LESLIE Johnson 52.5

(a) Residence, No. 5771 PERSHING AVE St. 5
(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: SADIE VENABLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1ST 1871

7. AGE: Years 66 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as saw mill, bank, etc. AUTOMOBILE DEALER

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) RICHMOND VIRGINIA.

FATHER

13. NAME WILLIAM S. JOHNSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND VIRGINIA

MOTHER

15. MAIDEN NAME THELIA COSBY

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

17. INFORMANT VENABLE JOHNSON
(ADDRESS) 5771 PERSHING AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE OAK GROVE MAUSOLEUM DATE JAN 7 1938

19. FUNERAL DIRECTOR C. R. LUPTON + SONS
(ADDRESS) 4449 OLIVE ST.

20. FILED JAN 5 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1937, to 1-4 1938

I last saw him alive on Jan 4 1938. Death is said to have occurred on the date stated above, at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured aneurysm Left Internal Iliac Artery.	1-3-38 to 1-4-38

Other contributory causes of importance: Arterio-Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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 .....

(Signed) L S Luton, M. D.

(Address) 508 No Grand

(Licensed Embalmer's Statement on Reverse Side)

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

508 N. Grand
Je 3426

Road - Kingsway Hotel Ro 1800

STATEMENT BY LICENSED EMBALMER

I, J. T. Luptore, Licensed Embalmer No. #2122

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

L. E.

No. 3360 or by, Registered Apprentice No.

working under my personal supervision.

Signed J. T. Luptore

Licensed Embalmer No. #212

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