WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 12 1938

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

2 / 1

506
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 362

(c) City Saint Louis (d) Street No. 4319a Cook Avenue 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 Gaston Johnson 525

(a) Residence, No. 4319a Cook Avenue St. 11
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Consuella Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1900

7. AGE: YEARS 37 MONTHS 2 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. Pullman Shop
10. Date deceased last worked at this occupation (month and year) Dec. 31st 1937
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Heria Louisinia

FATHER
13. NAME Colfax Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Louisiana

MOTHER
15. MAIDEN NAME Virginia Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Louisiana

17. INFORMANT (ADDRESS) William Johnson 3962 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 12/1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates 4107-09 Finney Avenue

20. FILED ..... 19 ..... J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1938 to January 8th, 1938
I last saw him alive on January 8th, 1938 Death is said to have occurred on the date stated above, at 2:07 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

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Name of operation None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

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) R C Haskell, M. D.
(Address) 4270a W. Finney Avenue

(Licensed Embalmer's Statement on Reverse Side) Dr. R. C. Haskell

STATEMENT BY LICENSED EMBALMER

I, James Arthur Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)