FEB 12 1938

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

791 3 / 1003

1266
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... Registered No. 1122

(b) Township ..... Primary Registration District No. .....

(c) City St Louis Mo (d) Street No. Enroute to City 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 George H Johnson 525

(a) Residence, No. 1618 N. 16th St. 26
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25th 1921

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	5	3	

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME George H Johnson Sr.

14. BIRTHPLACE (CITY OR TOWN) Ashmore (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Louise Janssen

16. BIRTHPLACE (CITY OR TOWN) Charlotte (STATE OR COUNTRY) Ill

17. INFORMANT George H Johnson Sr (ADDRESS) 1618 N. 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1-31-38 19

19. FUNERAL DIRECTOR Mullins Bros (ADDRESS) 4259 Lindell Blvd

20. FILED JAN 31 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

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 2:00 P.M.

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

Date of onset

Fracture of Skull, Internal Hemorrhage from laceration of the Heart and Liver, due to being run over by a Truck, which he had hopped without the knowledge of the driver, one Earl Gunter, in front of 3210 Blair Avenue, about two o'clock P.M., January 28, 1938.

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? Accident Date of injury 1/28, 1938

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury .....

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred J Perry M. D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, W. M. Rogers, Licensed Embalmer No. 3905

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. M. Rogers

Licensed Embalmer No. 3905

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.)