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.

REC'D MAR 14 1938

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

3 / 1 / 1 / 1 / 1

4568
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 1213

(c) City St. Louis (d) Street No. EnRoute City Hospital #1, 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 Wm E. Johnson 525

(a) Residence, No. Y.M.C.A. Central St. 25
(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*): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1884

7. AGE: YEARS 53 ~~54~~ MONTHS 4 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Carloader
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) Marion Co. Mo.

FATHER
13. NAME William Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

MOTHER
15. MAIDEN NAME Sarah M. ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.

17. INFORMANT Mr. & Mrs. E. F. Connally
(ADDRESS) 7218 Dartmouth - U. City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walhalla Cem. DATE 2/2/ 1938

19. FUNERAL DIRECTOR Truth Center Mortuary
(ADDRESS) 4024 Lindell Blvd.

20. FILED FEB 1 1938 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 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 5:30 A.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)
Hemorrhage of the brain, Laceration of right lung, Ruptured Liver and fracture of the ribs, as a result of being struck by an automobile, driver unknown, who failed to stop, at the intersection of 18th and Olive Streets, January 30, 1938, about 5:30 o'clock A.M.

Other contributory causes of importance: HOMICIDE.

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? Homicide Date of injury 1/30, 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Jack H. Lucken, Licensed Embalmer No. 4004

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

L. E.

No. 4004 or by, Registered Apprentice No.

working under my personal supervision.

Signed Jack H. Lucken

Licensed Embalmer No. 4004

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