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

12656
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 3260

(c) City St. Louis, Mo. (d) Street No. 724 Belt, Ave., 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 BERT HENRY JOHNSON. 525

(a) Residence, No. 724 Belt, Ave., St. 12

(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: Cora L. Johnson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 1872

7. AGE: Years 65 | Months 11 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Boone County / Kentucky

FATHER

13. NAME: William Johnson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown / unknown

MOTHER

15. MAIDEN NAME: Sally Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County, / Kentucky.

17. INFORMANT: Cora L. Johnson.
(ADDRESS) 724 Belt, Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden, Mo DATE April 7 1938

19. FUNERAL DIRECTOR: C.R.Lupton & Sons.
(ADDRESS) 4449 Olive, St.,

20. FILED APR 8 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1938 to April - 5 1938

I last saw him alive on April 3 1938. Death is said to have occurred on the date stated above, at 5.15 A.m.

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

	Date of onset
Myocardial degeneration	1936.
Acute cardiac decompensation	4-1-38.

Other contributory causes of importance: 93 C

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

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) C. A. Bassett, M. D.

(Address) 5727 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton, Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C.H. Murray

L. E.

No. 4011 or by, Registered Apprentice No.

working under my personal supervision.

Signed C.R. Lupton

Licensed Embalmer No. 2123

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.)