

DEC 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City _____ (No. **Mrs Baptist Hosp**) _____ St. _____ Ward _____

File No. _____
Registered No. **11091**
St. _____ Ward _____

37764

2. FULL NAME

Infant Johnson
(a) Residence, No. **4362 Pine** St., _____ Ward. **19**
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-8-38**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) **St Louis Mo**

FATHER
13. NAME **Arthur Johnson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER
15. MAIDEN NAME **Ruth Collins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT **Mrs Baptist Hospital** (ADDRESS) **Arthur Johnson 4362 Pine**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **11-22-38**

19. UNDERTAKER **Edna Hamilton** (ADDRESS) **Edna Health Dept**

20. FILED **NOV 22 1938** **J. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-8-38**

22. I HEREBY CERTIFY, That I attended deceased from **11-8-38**, 19**38**, to **11-8-38**, 19**38**

I last saw h. **Johnson**, 19**38**. Death is said

to have occurred on the date stated above, at **225** m. **70**

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

Stillborn
Date of onset

Other contributory causes of importance:

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**38**

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? **1**

If so, specify _____

(Signed) **J. P. Berman** M. D.

(Address) **1225 no. grand**

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.

