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.

40577

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

FILED JAN 7 1947

Do not use this space.

41765

1. PLACE OF DEATH
County St. Charles — Registration District No. 310 — File No.
Township St. Charles — Primary Registration District No. 3058 — Registered No. 193
City St. Charles (No. 1044 Olive St. St. Ward)

2. FULL NAME CHARLES JOHNSON
(a) Residence, No. 1044 Olive St St., 4th Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

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 Meda Adele Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1872
7. AGE YEARS 74 MONTHS 8 DAYS 16 If LESS than 1 day, X hrs. or X min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod carrier
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) Oct 23 1943
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville 'rural' Missouri

FATHER
13. NAME Peter Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Elizabeth Stovall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia USA

17. INFORMANT (ADDRESS) Mrs Frieda A Johnson 1044 Olive St St Charles Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cemetery DATE Dec 18 1946
19. UNDERTAKER (ADDRESS) T. E. Pitman Wentzville, Mo.
20. FILED 12/23 1946 Nannie Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1946

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1943, to Dec 14, 1946
I last saw him alive on Dec 12, 1946 Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, apoplexy	10.25.43
Valvular disease of heart, mitral regurgitation, chronic, determined	10.25.43

Other contributory causes of importance: none

92 B

Name of operation none Date of none
What test confirmed diagnosis? Physical ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury none, 19
Where did injury occur? St. Charles city St Charles Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Own home (apoplexy)
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Will L Freeman, M. D.
(Address) St Charles, Mo. 205 N. 6th St. Phone 2601

RECEIVED
District Health Officer No. 9
District
Date Filed 12-30-46

I certify that I personal embalmed
this body

Signed P. E. Pilman.
License #2711
Address Wentzville,
Mo.