

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

Do not use this space.

6287

MAR 28 1928

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City St. Louis

Registration District No. 1123  
Primary Registration District No. 6748 E  
(No. 9929 Brook Ave)

File No. \_\_\_\_\_  
Registered No. 61  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

General Johnston

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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)**

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Apr. 24, 1897

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
30	9	24	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Invalid  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Jefferson County Missouri

**10. NAME OF FATHER**

Douglas Johnston

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Jeff. Co. Missouri

**12. MAIDEN NAME OF MOTHER**

Netter Crater

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Jeff. Co. Missouri

**14.**

**INFORMANT**

(Address)

Douglas Johnston & 9929 Brook Ave

**15.**

Filed

Feb 1, 1928 L. C. Obrock, M. D.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Feb 18 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from 7:00 PM Feb 18, 1928 to 7:40 PM Feb 18, 1928  
that I last saw him alive on Feb 18, 1928, and that death occurred, on the date stated above, at 7:00 P m.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

34  
10 P Cerebral Haemorrhage.  
(apoplexy)  
(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Previous attack. Probably of typhoid.  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

Harold J. Jeff

, 19 (Address)

2876 Sutton Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Sandy Crm. Jeff Co Mo Feb 22 1928

**20. UNDERTAKER**

**ADDRESS**

Chippewa U & L Co 7814 S. Bodin

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.

