

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

Do not use this space.

43316

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Lutheran Hospital**)

File No.....
Registered No. **12624**
St. Ward)

2. FULL NAME

Mark M. Johnston
(a) Residence. No. **2804 Broughman** St., **13** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 **Mary Johnston**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 58 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Watchman**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Anheuser-Busch**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER **Jesse B. Johnston**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

14. INFORMANT **Mrs. Mary Johnston**
(Address) **2804 Broughman**

15. FILED **DEC 26 1928** **K. E. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 24 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Nov. 28**, 1928, to **Dec. 24**, 1928 that I last saw him alive on **Dec. 24**, 1928, and that death occurred, on the date stated above, at **2 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Ch. Bronchopneumonia

736 (duration) yrs. **2** mos. **10** ds.

CONTRIBUTORY (SECONDARY) **FIB** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical**
(Signed) **Alfred M. Langenbach**, M. D.
Dec. 24, 1928 (Address) **5421 Southwest**

*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 **Calvary** DATE OF BURIAL **12-27 1928**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

WRITE FAIRLY, 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.

Mr Langenbeck

5421 Southwest Ave

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