

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

Do not use this space.
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File No. _____
Registered No. **6403**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **782**
Township _____ Primary Registration District No. **10073**
City **St. Louis** (No. **St. Marys Infirmary**)

2. FULL NAME

Edward Johnston
(a) Residence No. **1217 Morrison St., 22** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** 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 **Husband of Mary A. Johnston**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 30, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61. 10. —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Real Estate Agent**
(b) General nature of industry, business, or establishment in which employed (or employer) **Self**
(c) Name of employer _____

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

10. NAME OF FATHER **Edward A. Johnston**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER **Marie Mc Dowell**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY) _____

14. INFORMANT **Mary A. Johnston**
(Address) **1217 Morrison**

15. FILED **JUL -2 1930**
19. **Miss C. Barker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 30, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 16**, 1930, to **June 29**, 1930, that I last saw h.j. alive on **June 29**, 1930, and that death occurred, on the date stated above, at **1. 30** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131 Chronic Myocarditis
93c
(duration) **uncertain** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

124W
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **Uncertain**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

20. WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**
(Signed) **E. O. Brown**, M. D.

July 1, 1930 (Address) **1536 Papin St - St. Louis Mo**

*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**

Howesville Ky. July 3, 1930

20. UNDERTAKER **ADDRESS**

McLaughlin 1831 Mission

Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

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