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

Do not use this space.

23394

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. 4516 Tennessee Avenue St. ..... Ward)

File No. .....

Registered No. 6886

2. FULL NAME Eugene Johnston

(a) Residence. No. 4516 Tennessee Avenue 15 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Whiteb	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 7th, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	6	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auotmobile Tire Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) (Retired)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hillsboro,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jesse G. Johnston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Clara Johnston
(Address) 4516 Tennessee Avenue

15. FILED JUN 22 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21st, 1931

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to June 21, 1931 that I last saw him alive on June 21, 1931, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
131
92A
82A (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous nephritis
artero Sclerosis
mitral regurgitation (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH X

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm R. Gum, M. D.

6-22, 1931 (Address) 2627 S Broadway.

*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
Bellefontaine	June 24, 1931

20. UNDERTAKER	ADDRESS
Weick Bros	2201 S. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2227 S. Bradley.