

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

Do not use this space.

42871

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, (No. 4396 Olive st., St. Ward)

File No. 42871
Registered No. 12797
St. Ward)

2. FULL NAME Lawrence E. Johnston,

(a) Residence, No. 4396 Olive st. St. 19 Ward. (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) Widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870-11-9

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter,
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Rockbridge, Ill.
(STATE OR COUNTRY)

FATHER 13. NAME Wm. Johnston,

14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Thompson,

16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Rudolph Johnston
(ADDRESS) 4396 Olive st.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boss, Mo. DATE 12/29/31

19. UNDERTAKER Robert Lambert, Inc.
(ADDRESS) Clayton Road at Concordia Lane.

20. FILED DEC 28 1931 May E. Stanley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 27th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from December 17th, 1931, to December 27th, 1931.

I last saw him alive on December 27th, 1931 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris,

Other contributory causes of importance:
Arteriosclerosis,

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? History Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Cholesterol
(Signed) C. W. Baker, M. D.

(Address) 1432 Bluebell

WRITE PLAINLY, 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.

